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Heading: Survey snapshot: Sexual and reproductive health consultation

Subheading: The survey

Equitable access to Sexual and Reproductive Healthcare (SRH) is crucial for improving women and gender diverse people’s health outcomes and achieving universal health coverage.

The 2024 Mapping Access to Sexual and Reproductive Health Services in Regional Victoria report - a collaboration between Deakin Rural Health, the Centre for Australian Research into Access and Women’s Health and Wellbeing Barwon South West - highlighted poor physical access to SRH services in some parts of the region and indicated the need for comprehensive community and workforce consultation to explore access barriers, service experiences and system gaps.

In May 2025, Women’s Health and Wellbeing Barwon South West (WHWBSW) launched a consultation to better understand community and service providers’ experiences accessing and delivering SRH locally.

Phase one involved distribution of two anonymous online surveys

A community survey explored people’s experience accessing services

A service provider survey explored their experience delivering services

The surveys were promoted via email, social media, radio, print media and posters over a four-week period.

This snapshot presents a summary of early survey findings, at the mid-point of the consultation.

Note: Our definition of women encompasses both cisgender and transgender women.

Subheading: Key findings

Low knowledge of perimenopause and menopause plus limited awareness of where to access help locally.

Better pain management for chronic conditions and IUDs. Respondents endured painful periods and chronic reproductive conditions without adequate pain relief or condition management. They reported not being offered sufficient sedation or pain management for IUD insertion.

More comprehensive pre and post pregnancy care is needed, particularly mental health support and physiotherapy through the public health system.

Need for affordable and available local healthcare: wait times, travel and the cost of private practice services are access barriers.

Clear referral pathways are needed for local SRH services, to increase practitioners’ confidence to appropriately refer patients.

Health literacy: service providers recommend more comprehensive and targeted community SRH education to increase patients’ healthy literacy and knowledge of when and where to access care.

Workforce capacity building is needed through place-based, affordable training offered at flexible times.

Workforce connection and collaboration must improve, with only 44% feeling connected to other SRH practitioners.

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Heading: Community survey

Subheading: Summary

366 community members (aged 18+) responded to the survey.

344 responses were analysed (the remaining were incomplete).

Subheading: location

City of Greater Geelong – 21.57%

Surf Coast Shire – 4.08%

Colac Otway Shire – 4.08%

Borough of Queenscliffe – 0%

Moyne Shire – 13.99%

Southern Grampians – 8.16%

City of Warrnambool – 32.94%

Corangamite Shire – 7.87%

Glenelg Shire – 7.29%

Subheading: demographics

Age: 35% aged 25-34

Gender: 97% women and 1.75% non-binary

Sexuality: 81% heterosexual

Ethnicity: 96% Caucasian and 1% first nations

Disability: 84% no disability

Healthcare card holders: 14.8%

Subheading: Health literacy and knowledge of services

The top three sources respondents seek SRH information from are:

GPs (85%)

Google (66%)

Friends and family (52%)

Subheading: SRH knowledge:

18% good knowledge of perimenopause and menopause

27% good knowledge of pelvic floor health

75% good knowledge of contraception

70% good knowledge of menstrual health

Subheading: Accessing local SRH services

94% know where to access cervical screening

80% know where to access Long-Acting Reversible Contraception

32% know where to access menopause support

40% know where to access a medical termination of pregnancy

Subheading: access to SRH care

Respondents were asked about their experience accessing services across five areas of sexual and reproductive healthcare:

Contraception

Sexually Transmitted Infections (STIs)

Abortion

Chronic conditions (e.g., endometriosis, perimenopause)

Pre and post pregnancy care

Respondents were asked to agree or disagree with 12 statements relating to access, cost, privacy, relationship with the practitioner and whether the service met their needs.

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Heading: community survey results

Subheading:

53% using contraception

27% use an IUD

37% had information & support for pain management

54% agreed it was affordable

“Pain relief for IUD insertion and removal fundamentally needs to change as soon as possible. Taking a few ibuprofen after the procedure is an insult to the long-lasting pain endured during and after, more extreme pain relief should be offered prior and be given free of additional fees.”

Subheading: STI testing and treatment

58% had participated in a standard STI check in the past 5 years

28% had contracted a STI (97% accessed treatment)

Subheading: Pre and post pregnancy care

Subheading: Services accessed

**Abortion**

72% Breastfeeding support

93% GP

33% Postpartum mental health support

46% Women’s physiotherapy

75% Mother’s and parent’s group

95% Maternal and child health services

95% could access maternal and child health services locally

32% could access to postpartum mental health support

83% maintained privacy

81% trusted their practitioner

82% were able to access the service in their local area

“Better access to prenatal and postnatal women's health physio - this should be standard care during pregnancy.”

Subheading: abortion

16% accessed in previous 5 years

58% could access abortion when needed

28% couldn’t easily access abortion locally

“Was not able to find a service in Geelong... travelled to Marie Stopes which was a long distance and expensive. Care during the process was upsetting.”

Subheading: chronic conditions

Subheading: Respondents experiencing chronic conditions

35% Endometriosis

25% Polycystic ovary syndrome

10% Premenstrual dysphoric disorder

25% Difficult menopause symptoms

31% Perimenopause

38% Pelvic pain

15% Incontinence

23% Sexual pain

46% Severe menstrual pain/heavy bleeding

9% Pelvic organ prolapse

40% said service was affordable

68% could access care locally

42% able to access when needed

47% provided with pain management info & support

“Pain in women’s health is still not managed well even by female practitioners. There is a real ‘suck it up’ attitude to women’s pain and we undergo procedures with no pain relief offered that a man would never ever be asked to go through.”

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Heading: Barriers + challenges experienced by women & gender diverse people

Subheading: Contraception

inadequate information

pain management

wait times

cost

Subheading: STI testing & treatment

stigma

confidentiality

practitioner care & expertise

accessibility

Subheading: Pre & post pregnancy care

limited access to services

cost & use of private healthcare

limited mental health support

need for more comprehensive/ continuity of care

limited women’s physiotherapy

Subheading: Abortion

stigma

need for more follow up care

greater awareness & availability of affordable local services.

Subheading: Chronic conditions

poor information & service provider knowledge

feeling dismissed

poor access (long wait times & travel)

contraception is not a solution for chronic conditions

poor system coordination & referrals

Subheading: A path forward: what support women and gender diverse people want to see

More comprehensive care

More support for menopause and perimenopause.

Better access to care (less wait times, affordable local care)

LGBTQIA+ appropriate care

More education and information provision

More mental health support post birth and in the early stages of parenting.

“Just better integration. We have fantastic public pregnancy and maternity services to ensure we bring healthy babies into the world... why don't we have a whole system that supports the whole journey girls and women take to either giving birth (or the safe pathways when they decide not to, or have to make the choice not to)... All the way to supporting women when their hormones are reeking their final havoc! Increase hormone knowledge and empower women to understand and take control of their cycle within!”

“Women suffer in silence and have been told our whole lives to get on with it. It is time women’s health is stand alone and respected by the broader medical community.”

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Heading: Service provider survey

Subheading: summary

95 service providers responded to the survey.

87 responses were analysed (the remaining were incomplete).

Survey respondents worked in all nine local governments areas in the BSW including 34% from City of Warrnambool and 27% from Greater Geelong.

37% nurses

54% aged 25 – 44 years old

92% women

Statistics:

Nurse 26.4%

General practitioner 12.6%

Support/social work 8%

Midwife 6.9%

Physiotherapist 5.7%

Service manager 5.7%

Program/project officer 5.7%

Local council staff 4.6%

Medical practitioner 3.4%

Educator/teacher 2.3%

Maternal & child health nurse 2.3%

Nurse practitioner 1.1%

Subheading: insights from service provider’s comments

Subheading: Barriers to contraception

60% of clinicians who do not offer LARC say cost of offering the service is a barrier.

Young people needing parental consent to access contraception is a barrier.

Subheading: STI testing & treatment

74% are able to remain up to date on current STI practice.

More promotion of services in schools and community would improve access.

Shame and stigma were reported as barriers to STI testing and screening.

Subheading: Abortion

40% of clinicians said public stigma & backlash is a barrier.

48% of non-clinicians are aware of abortion support services & can refer easily.

Confidentiality is an access barrier for abortion services.

For some, low patient demand prevents them from offering abortion services.

For some, relying on their local hospital as ‘back-up’ is a barrier to providing abortion care.

Subheading: Maternal & child health

90% are aware of MCH services.

Many want more time with new parents, especially postpartum at weeks 0-8.

A greater focus on mental health is needed in postpartum care.

Better referral pathways & resources would make it easier to know what services are available.

Subheading: Chronic conditions

84% are aware of services & can refer easily.

19% report sufficient financial support for ultrasound training.

Many want more funding & patient education on chronic reproductive conditions.

Some want more resourcing for gender affirming & gender dysphoria care.

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Heading: Practitioner survey results

Subheading: STI testing and treatment

24 provide STI testing and treatment

12 refer people for STI care

“Stigma and shame for talking about it (is a barrier for community)”

“Availability of youth friendly services that provide STI testing and treatment (is a barrier)”

Subheading: Contraception

27 provide long-acting reversible contraception (LARC)

19 refer people for contraception

“Community misconception (I spend a lot of time dispelling horror stories) especially of Mirena. Lack of education regarding access to appropriate pain relief for IUD procedure (we have implanted penthrox as an option) ...Services not widely advertised. Long wait times to have IUD done under general

“Anaesthetic in public hospital for those that choose it.”

“For patients, the cost of specialist gynaecologist to insert IUD if GP is not skilled or available in rural Victoria (is a barrier)”

Subheading: Maternal & child health

17 provide maternal and child healthcare

12 refer people for MCH

“We need to be building a village for these valuable mothers”

“Would love a Medicare Benefits Scheme (MBS) item for birth trauma debriefs and management... It’s a unique service needing unique item.”

Subheading: Chronic reproductive conditions

21 provide care for chronic reproductive conditions.

“All GPs need to be comfortable in treating these ubiquitous conditions”

Subheading: Prevention & education programs

13 provide P&E programs

Most call for more funding for prevention

Many see need for additional resources & ‘place’ to distribute information

Subheading: Workforce Development

80% feel confident working with patients with a disability

72% are confident providing care for LGBTQIA+ Patients & First Nations people

40% receive the latest sexual & reproductive health information & research

Subheading: Abortion

19 provide abortion care

6 offer both medical / surgical abortion

7 refer for abortion care

“Small local community. Pharmacists and hospital staff knowing the client”

“I don't plan to offer this as small practice and minimal need”

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Heading: Conclusion and next steps

The consultation provided rich data and evidence highlighting challenges accessing and delivering SRH services. The community member survey confirmed barriers to access experienced by women and gender diverse people including travel, poor availability of services, cost, stigma and fragmented care. The service provider survey highlighted the constraints healthcare providers experience when delivering these crucial services including unclear referral pathways, competing demands, poor peer connection and limited access to training and mentoring.

Further consultation with populations groups underrepresented in this survey is needed during phase two of the project. This may include culturally and linguistically diverse people; people with disabilities; young people; and First Nations people. WHWBSW will host focus groups and interviews to further explore specific barriers, enablers and what is needed to improve access and delivery.

In late 2025, a final project report will summarise all findings collected from the surveys, focus groups and interviews, and provide detailed recommendations for a clear path forward as we strive to improve sexual and reproductive health outcomes in our region.

Subheading: Acknowledgements

We thank all community members and service providers who completed, promoted or helped design our consultation surveys. Your stories and input will help shape strategies to improve sexual and reproductive health outcomes in our region.

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Subheading: Acknowledgement of Country

This consultation was conducted on the lands of the Gunditjmara, Eastern Maar and Wadawurrung traditional owner groups, and the clans that reside within them. We respect First Nations peoples and their enduring connection to country – to the land, air, waterways, oceans, animals, and plants – and recognise the wisdom and culture that has seen them thrive for thousands of years.