

MORNINGTON PENINSULA

SEXUAL AND REPRODUCTIVE HEALTH SNAPSHOT 2020



This Snapshot will provide insight into the most recently available demographic, fertility, contraception and Sexually Transmitted Infection (STI) data for Mornington Peninsula.

Mornington Peninsula is a local government area in the Southern Metropolitan Region of Victoria. There are 80,125 (51.7%) women and 74,875 (48.3%) men in the area (ABS 2017). It is an area of diversity in terms of attracting many tourists as well as a large proportion of older retirees residing there.



BIRTH RATES

In 2017, the number of live births in Mornington Peninsula was 1,677. The Victorian average was 1,039. This was a rate of 20.93 birth per 1,000 females, lower than the Victorian rate of 23.9.


In 2017, 8.83 per 1,000 young women (13-19 years) had live births in Mornington Peninsula. The Victorian rate was 10.6.

(Women's Health Victoria 2020)

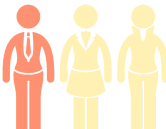


UNPLANNED PREGNANCY & ABORTION

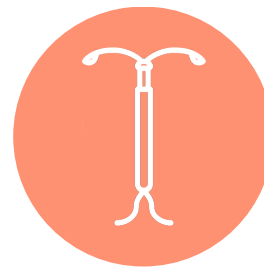
Victorian specific data on pregnancy outcomes is not collected or published.



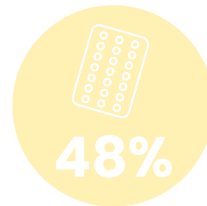
Studies suggest that 1 in 2 women have an unplanned pregnancy (Marie Stopes 2008).



Studies suggest 1 in 3 Australian women will have a termination in their lifetime (Rowe et al. 2015).



FERTILITY MANAGEMENT



Oral contraceptives continue to be the most popular form of contraception in Australia; 48% of women using a form of contraception use oral contraceptives (Garett et al, 2015).

In 2018, IUD uptake was 5.14 per 1,000 and contraceptive implant uptake was 8 per 1,000 in Mornington Peninsula

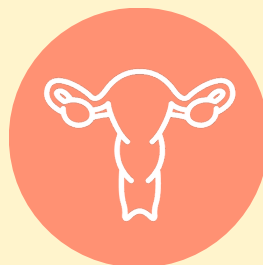
Despite being proven to be more effective, widespread use of Long Acting Reversible Contraception (LARC) remains low.



CERVICAL SCREENING & HPV IMMUNISATION

In Mornington Peninsula 63.8% of eligible women (aged 20-69 years) had a Cervical screen between 2014-2015. This is higher than the SMR and Victorian average of 60.5% (Victorian Cervical Cytology Registry 2015).

The introduction of the National HPV Vaccination Program in 2007 has led to a significant reduction in the number of cervical cancer diagnoses and deaths. Recent data suggests that Australia is on target to eliminate cervical cancer as a health risk for women (Lyons, 2018).



ENDOMETRIOSIS

Endometriosis is a progressive, chronic condition in which cells similar to those that line the uterus grow in other parts of the body. Research reveals that endometriosis affects approximately 1 in 10 women of reproductive age, with an estimated 176 million women worldwide having the condition (Jean Hailes).

Victoria's first ever Sexual & Reproductive Health Strategy outlined the importance of "increasing knowledge and awareness about endometriosis, including how to minimise lack of or late diagnosis" (Dept. of Health & Human Services, 2017).



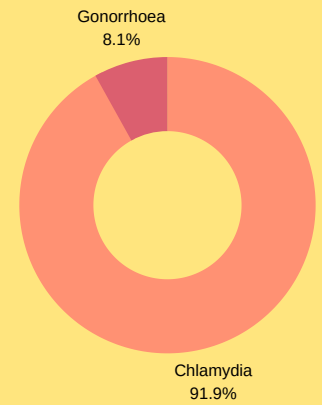
SEXUALLY TRANSMITTED INFECTIONS

Chlamydia is the most commonly diagnosed sexually transmitted infection. Often there are no symptoms and if left untreated can cause infertility in women (Australian Women’s Health Network 2012).

The rate of chlamydia in 2018 was 18.45 per 10,000 women compared to 12.65 per 10,000 men.

The Victorian rate was 20.8 per 10,000 women compared to 18.1 per 10,000 men (Women’s Health Victoria 2020).

MORNINGTON PENINSULA STI RATES: FEMALES (2018)



HEPATITIS B

Hepatitis B is a virus that can cause inflammation of the liver (Melbourne Sexual Health Centre 2017).

The rate of hepatitis B in 2018 was 0.16 per 10,000, women. For men the rate was also 0.16 per 10,000 men in Mornington Peninsula.



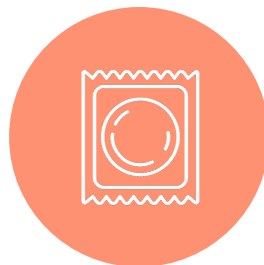
SEXUAL OFFENCES

Sexual offences are acts, or intent of acts, of a sexual nature against another person, which are non-consensual. This includes rape, indecent assault, sexual offences against children, and other sexual offences.

In 2018, the rate of sexual offences was 11 per 10,000 women in Mornington Peninsula.

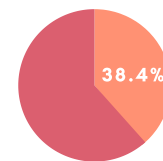
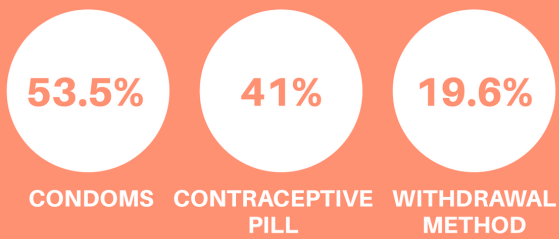
The average SMR rate was 11.5 per 10,000 women.

The Victorian rate was 14.1 per 10,000 women (Women’s Health Victoria 2020).

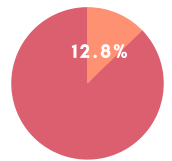


YOUNG PEOPLE & SAFE SEX

Most common forms of contraception used by year 10, 11 and 12 students (Fisher et al, 2019)



Percentage of sexually active students from year **10, 11 and 12** who practice safe sex by **ALWAYS** using a condom (Fisher et al, 2019)



Percentage of sexually active students from year **10, 11 and 12** who **NEVER** use a condom (Fisher et al, 2019)



DISABILITY & SEXUALITY

To date little data exists around people with disability and their sexual needs. There is also little data about people with disability and sexual orientation. Yet individuals with disability have the right to lead a fulfilling sexual life.



NEGOTIATING CONSENT

While the concept of negotiating consent has not always been recognised as a central part of sexual health within the broader spectrum of SRH services, consent remains an important part of people’s experiences – particularly sexual experiences. As one study suggests, “the ability to negotiate sexual practice is central to people’s experiences of feeling safer or less safe ... An ability - and willingness - to negotiate consent is central to confident negotiation of safe sex practice” (Albury et al, 2019)

To this end, the notion of an ‘Enthusiastic yes’ or ‘enthusiastic consent’ has become an important process where permission to proceed is given, sought and prioritised.