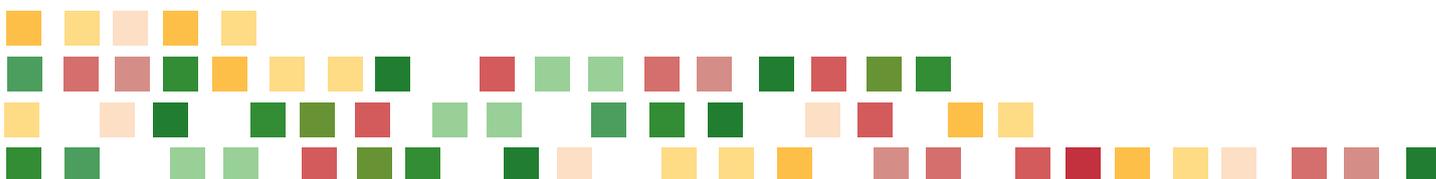


Action for Equity

Increase community awareness of and confidence to access sexual and reproductive health services, including screening, testing, treatment and support

A community attitudes survey
August 2018



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Background

Action for Equity: A sexual and reproductive health strategy for Melbourne's west 2018-2022 incorporates primary prevention and service coordination initiatives that work to achieve sexual and reproductive health equity. The Action for Equity partnership is led by Women's Health West (WHW) and includes thirteen partners from state and local government, community and women's health, primary health networks and specialist state-wide services. The strategy's objectives include increasing community awareness of and confidence to access sexual and reproductive health services, including screening, testing, treatment and support.

Aims and methodology

In May 2018, WHW conducted an online survey to determine women's experiences of sexual and reproductive health (SRH), including SRH services, in Melbourne's west. The survey also aimed to gain an understanding of women's awareness, knowledge and attitudes towards both medical and surgical abortion. The survey was promoted in a number of ways; via WHW social media and other web platforms; internal staff promotion; promotion through the Action for Equity partnership and snowball sampling. Eligibility criteria included being over the age of 16, identifying as female and having some connection to the western region of Melbourne (i.e. work, residency, study or recreation). The survey was incentivised with a Coles Group gift card.

Results

Participant demographics

A total of 248 participants completed the online survey. Following screening questions, 13 participants were deemed ineligible. The median age of study participants was 37 years (range 16-76). A total of 78 per cent identified as heterosexual. The remaining participants identified as LGBTIQ+, were unsure, or didn't label themselves.

Three quarters of the sample (76 per cent) lived in the western region of Melbourne, and over half also worked (52 per cent) and/or spent time (51 per cent) in the west. Less than 10 per cent of the sample studied in Melbourne's west. Seventy nine per cent of participants were born in Australia; the remaining sample were born in a range of countries including North America, England, the Netherlands, New Zealand, South Africa, and Canada. Ten per cent of survey participants identified as living with a disability. A total of three participants identified as Aboriginal and/or Torres Strait Islander.

Confidence accessing sexual and reproductive health services

Participants were asked to rate their confidence in accessing/using sexual and reproductive health services (prompted by the suggestions of STI testing, cervical screening, pregnancy advice or abortion). Promisingly, one third of the sample (33 per cent) stated that they were very confident to access services in the region. Just over half of the sample (52 per cent) were somewhat confident and the remaining sample (15 per cent) were either not very confident or not confident at all.

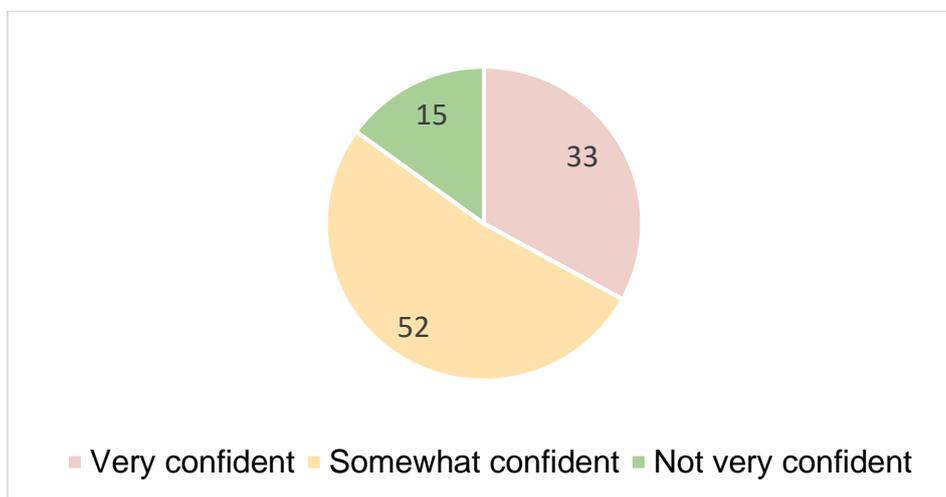


Figure 1: How would you rate your confidence in using sexual and reproductive health services? This includes STI testing, cervical screening and, where applicable, pregnancy advice or abortion.

In relation to preferred provider of sexual and reproductive health services, three quarters of the sample (75 per cent) listed a GP clinic as the most comfortable site for service access, followed by a dedicated women’s health clinic (49 per cent) or sexual and reproductive health clinic (34 per cent). Almost six per cent of the sample stated that they didn’t feel comfortable accessing SRH services anywhere.

In which setting(s) do you feel most comfortable accessing sexual and reproductive health services? (tick all that apply)	Proportion
GP clinic	74.5
Dedicated sexual and reproductive health service e.g. Melbourne Sexual Health Centre	6.9
Women’s clinic	49.0
Community health centre	15.7
A hospital	24.5
I don’t feel comfortable accessing sexual and reproductive health services	5.9

Barriers accessing sexual and reproductive health services

Numerous themes emerged regarding barriers to SRH service access in the west; the most commonly stated barriers included both generalised healthcare access barriers (limited opening hours and wait times), but also included service-specific considerations such as lack of awareness of where to access SRH services, and general discomfort relating to accessing SRH services . Notably, 31 per cent of participants stated that they do not currently access SRH services in the west; this might correlate with the response of not knowing where to access services in the region (30 per cent), but might also relate to feelings of judgement (15 per cent), lack of appropriate transportation (5 per cent) or that local services aren’t tailored to their needs (8 per cent).

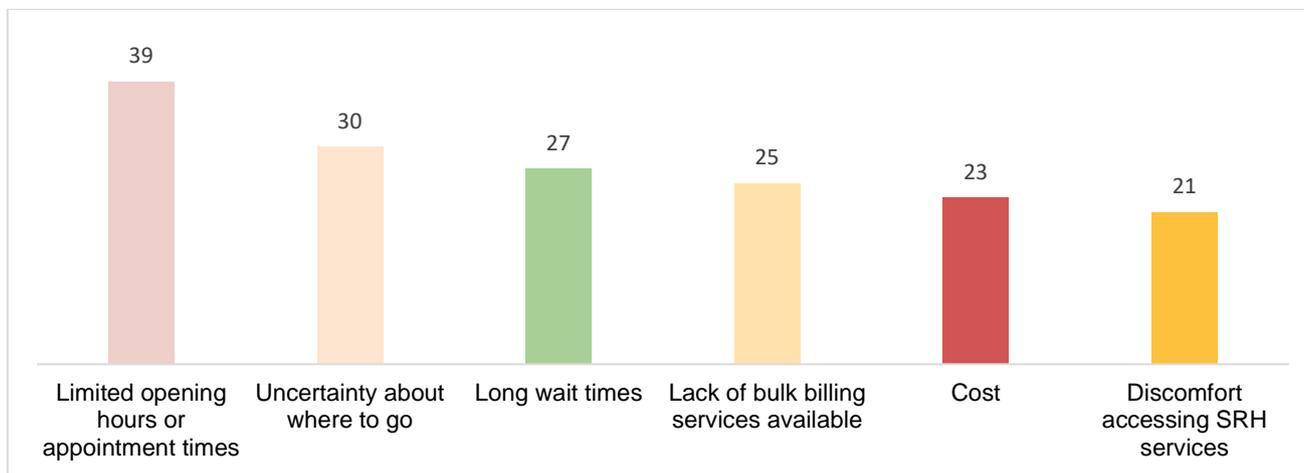


Figure 2: Common barriers to SRH service access in the region (per cent)

Sexual and reproductive health service experiences in the west

Participants were also asked to describe some of their experiences of accessing SRH services in the west, regardless of whether they were positive, neutral or negative. Themes that emerged from these responses included lack of service awareness, the importance of trust, financial considerations and lack of culturally appropriate/inclusive service provision.

Lack of awareness of services

I really don't know what's available and who is able to access it. (Participant, aged 33)

"I would like to be able to get more sexual/reproductive health advice from health professionals who work specifically in this area but am unsure where to go and what services are available" (Participant, aged 31)

"I've only really known to speak to my GP, it would be good to know more about women's clinics as these would be preferable to access" (Participant, aged 37)

"The Royal Women's were wonderful when I needed an abortion" (Participant, aged 48)

Trust and lack of service provider relationship

"It's been fine but my female GP has left the clinic and now I'm due for a Pap smear and am worried about finding a GP I trust" (Participant, aged 32)

"Lack of continuity of health professionals, repeating personal history" (Participant, aged 50)

"Finding a trusted female doctor who isn't quick to throw contraceptives at you without taking the time to get to know you and your needs is tricky" (Participant, aged 32)

Judgement from a range of health professionals

GPs

"Limited to certain GPs. It's hard to go, though, because you don't know if the doctor will be supportive or not and you don't want to risk being judged" (Participant, aged 23)

"I'm always left feeling uncomfortable and like I'm doing something wrong" (Participant, aged 27)

Radiology and ultrasound

“I had a negative experience getting an intra vaginal ultrasound in Footscray. It was uncomfortable during the procedure and I expressed this and was dismissed that it couldn't be. I expressed this to my GP who had referred me and again felt dismissed. I changed GPs and a different sonographer the next time who would be more sensitive” (Participant, aged 39)

Pharmacy

“Access through a GP was somewhat comfortable and provided with relevant information. Uncomfortable pharmacy experience from a male pharmacist (judgement etc.)” (Participant, aged 25)

Cost

“I had to get the morning after pill a few times from chemists in the west. It was always ok, though the price varied a lot. I was charged a lot at one chemist (can't remember where). I couldn't really afford it, but was too embarrassed to make a fuss” (Participant, aged 35)

“Bulk billing can be an issue especially when you are a low income earner” (Participant, aged 32)

Lack of inclusive service provision

“I feel there is a huge lack of LGBTIQ friendly sexual and reproductive health services in Melbourne's west. I have not found any in the west, and have had to travel to northern suburbs” (Participant, aged 27)

“The doctors I have seen for SRH services have often listed ‘women's health’ as their speciality but have been judgemental, presumptuous or lacking the bedside manner expected” (Participant, aged 28)

“I would prefer to go to the sexual health clinic in the city as I couldn't find a GP I trusted around Footscray” (Participant, aged 27)

Health seeking behaviours

Contraception

When asked about preferred contraception method, the majority of the sample (41 per cent) identified condoms as their preference. The oral contraceptive pill (23 per cent), an intrauterine device (16 per cent) and withdrawal method (10 per cent) and ‘other’ (including vasectomy, tubal ligation, tracking cycles and diaphragms) were other identified methods. Twenty per cent of the sample did not use contraception including 1.5 per cent who identified as same-sex attracted.

Unplanned pregnancy

In the event of an unplanned pregnancy, 78 per cent of the sample identified a GP as their first point of contact/support (Figure 3). Thirteen per cent of the sample did not know where they would go in the event of an unplanned pregnancy. Free text responses included the Royal Women's Hospital, the internet or a friend.

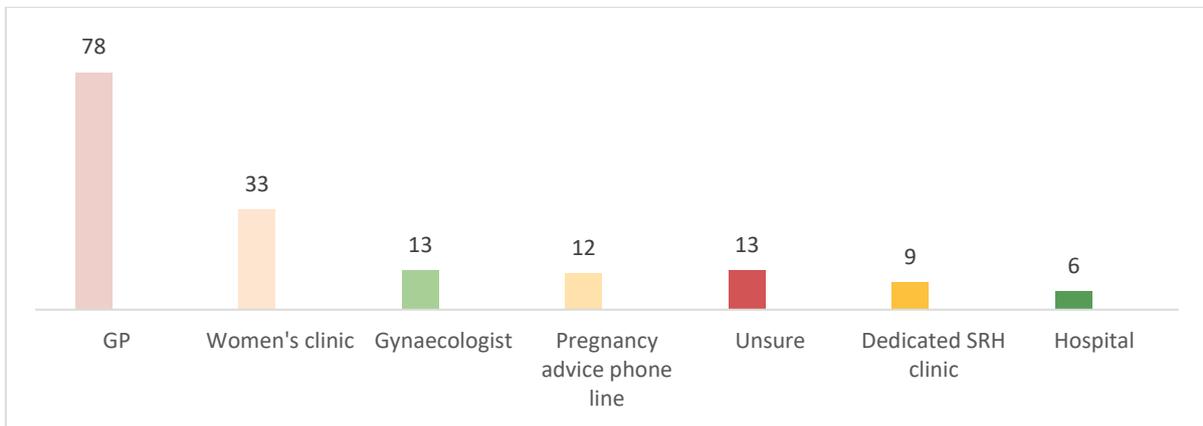


Figure 3: If you were to experience an unplanned pregnancy, where would you go for information and support? (Tick all that apply)

Knowledge, experience and attitudes towards abortion

The second part of the survey focused on knowledge, experience and attitudes towards both medical and surgical abortion. Participants were asked to describe what they knew about the two types of abortion (general awareness, method and access) and then to detail their attitudes towards accessing either procedure and the reasoning behind their responses. At the conclusion of each section, participants were provided with a summary of each type of abortion (i.e. the answers to the questions) to ensure that accurate, factual information was also provided to participants.

The overwhelming majority of the sample (87 per cent) knew that abortion was legalised in the state of Victoria.

Medical abortion knowledge and attitudes towards utilisation

Three quarters of the sample (74 per cent) had heard of medical abortion prior to completing the survey. Despite having heard of it, 61 per cent of women had little to no knowledge about the MTOP process. Of those able to explain medical abortion, some detailed processes associated with a surgical abortion, highlighting that broader understanding of abortion options and processes in community might be required.

"I didn't know much about it - I didn't realise that there are different ways of having an abortion.... But it is great to learn exactly what a medical abortion is and that this seems to be more easily available than a surgical abortion. It sounds like it would be something that I would choose if I needed an abortion"
(Participant, aged 31)

Over half (57 per cent) of the aforementioned sample (74 per cent) stated that they would feel comfortable to access a medical abortion if needed. The below tables outline the top five reasons for participants corresponding responses to medical abortion utilisation.

Based on the information provided, is medical abortion something you would access if necessary?	Proportion
Yes	56.7
No	10.9
Unsure	24.0
Not applicable	8.3
If yes (i.e. 56.7 per cent), please explain your response	Proportion
Seems less invasive than surgical	79.2
Can be accessed from a GP	77.2
No need for surgery or anaesthetic	73.3
More private than surgical	66.3
Can be done at home	62.4

*“It’s a brilliant option for women and **MUST** be made more available and more women need to be aware of this option and feel safe to use it at home”* (Participant, aged 41)

“All women should understand their options and have convenient access to this service along with support” (Participant, aged 40)

If no (i.e. 10.9 per cent) please explain your response	Proportion
My personal beliefs about abortion	63.6
Other reason	18.2
Process takes too long	13.6
Fear of complications	13.6
Fear of side effects	13.6

“It sounds extremely painful and uncomfortable, and because of the lengthy process, could cause possible psychological effects” (Participant, aged 61)

“Though I find a medical abortion less invasive, it is also very isolating. The convenience for me is outweighed by the ability to have people around when going through the abortion process for mental support” (Participant, aged 28)

‘Other’ reasons for not utilising a medical abortion included previous negative experiences with the procedure or personal objection. One participant pragmatically acknowledged the importance of its availability, despite her own objection towards it.

“I wouldn’t have an abortion, but am glad that it is legal and accessible for those that need it” (Participant, aged 37)

Medical abortion access

Participant’s knowledge about where to access a medical abortion varied. Of the sample aware of medical abortion (74 per cent), 42 per cent did not know where to access a medical abortion. Over three quarters (37 per cent) had some idea of where to access MTOP (10 per cent of whom were aware that GPs could provide the service), and 21 per cent didn’t know specifically but would ask their GP for a referral.

Participants felt most comfortable accessing a medical abortion from a women’s clinic (70 per cent) or their GP (65 per cent). Access via Telehealth and a community health service were comparable (both 19 per cent). Other responses included hospital (15 per cent), or *“anywhere where there is no judgement”*

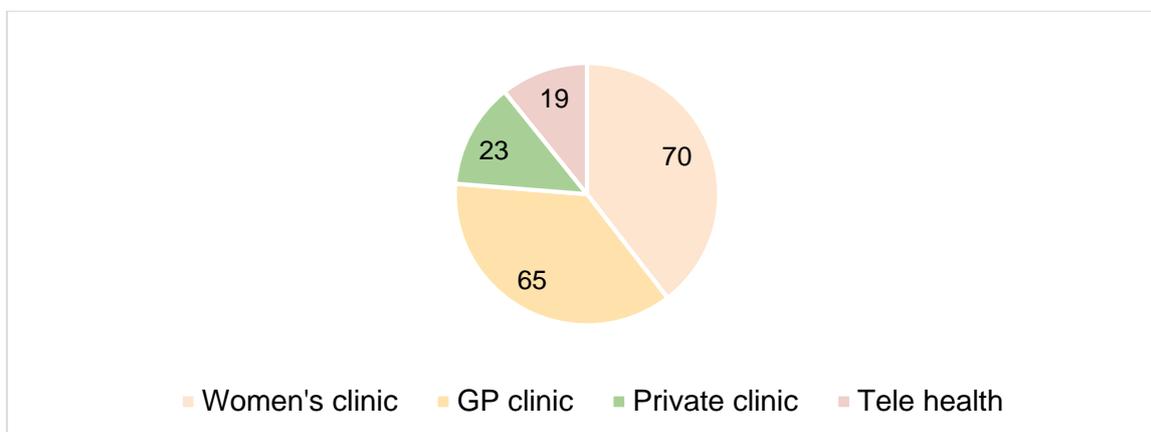


Figure 4: Where would you feel most comfortable accessing a medical abortion? (Tick all that apply)

Women identified that access to medical abortion would be easier if services were in close proximity to one another (100 per cent), open after hours (98 per cent), bulk billed (98 per cent), free of charge (97 per cent) and in the same location (98 per cent).

Surgical abortion knowledge and attitudes towards utilisation

Almost all participants (90 per cent) had heard of surgical abortion prior to completing the survey. Of those, 50 per cent would access a surgical abortion if necessary, which is a comparative proportion to medical abortion utilisation.

Based on the information provided, is surgical abortion something you would access if necessary?	Proportion
Yes	50.3
No	9.7
Unsure	29.7
Not applicable	10.3

If yes (i.e. 50.3 per cent), please explain your response	Proportion
Can be done later in pregnancy	64.8
Takes less time	34.1
Involves less appointments	32.9
No one has to know I have had one	22.7
More discreet	18.2

If no (i.e. 9.7 per cent) please explain your response	Proportion
My personal beliefs about abortion	78.9
Invasive procedure	31.6
Fear of judgement from friends/family/partner	21.0
Cost	15.8
Fear if complications	15.8

'Other' reasons (15.8 per cent) included further explanation of personal beliefs/objection.

Surgical abortion access from a hospital or private clinic were comparable (Figure 5).

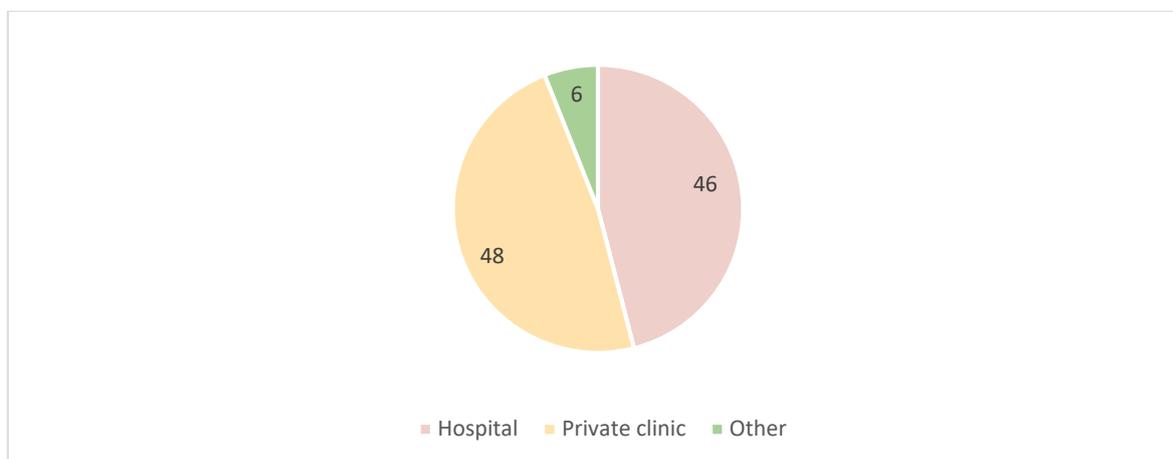


Figure 5: Where would you feel most comfortable accessing a surgical abortion?

Medical vs. surgical abortion

Thirty two per cent of participants identified that they would prefer medical over surgical abortion in the event of an unwanted pregnancy. Ten per cent would prefer surgical over medical, and 46 per cent outlined that their decision would depend on their personal circumstances at the time.

General SRH attitudes

At the conclusion of the survey, participants were asked to answer a series of attitude questions using a Likert scale. The responses highlighted the support for inclusive, affordable SRH services in the region, as well as the importance of choice, options and support for communities wanting to these services. Majority responses are presented below.

Question	Strongly disagree (per cent)	Disagree (per cent)	Neither agree nor disagree (per cent)	Agree (per cent)	Strongly agree (per cent)
It is important to be able to access sexual and reproductive health services from my GP				21.9	71.3
I feel I have control over my sexual and reproductive health and decision making				32.6	54.5
I would feel comfortable accessing a medical abortion from a nurse			31.6	35.0	
I would feel comfortable accessing medical abortion in my local community			27.3	32.9	
If my doctor expressed that they were against abortion, it would impact on my decision to have one	38.6	30.7			
The fact that abortion is still highly stigmatised and seen as taboo by some people would impact on my decision to have one	37.3	28.8			

Final remarks from participants

“Women should have more say in the decisions that are right for them. Sadly many GPs are poorly informed (and thus women do not get all their options presented to them) and we should put more funding into sexual health nurses and nurse practitioners in the west” (Participant, aged 31)

“The stigma wouldn't necessary stop me from having one [abortion] but it would certainly isolate me from supports and people because of fear” (Participant, aged 35)

“I think having sexual and reproductive health service access in Melbourne's west is an absolute necessity, it seems that those services are severely lacking here” (Participant, aged 43)

Conclusion and recommendations

Survey responses demonstrated varied levels of awareness, acceptability, appropriateness and accessibility of sexual and reproductive health services in the western region of Melbourne. This included (but was not limited to) awareness of where to access specific sexual and reproductive health services, understanding of processes/methods of medical and surgical abortion, and attitudes towards accessing/utilising an abortion.

The survey also highlighted the diversity within the region, and the experiences, knowledge and awareness (and, in some cases, lack thereof) among different age groups of women. There is opportunity to increase community awareness of relevant services in the region among all women, not just young women in settings such as schools or Youth Services. The survey also highlighted the opportunity to promote long acting reversible contraceptives (LARCS) as an alternative contraceptive method to condoms and the oral contraceptive pill.

Comparative acceptability among participants relating to medical and surgical abortion utilisation is a useful snippet of information that can be used to advocate for greater provision of medical abortion in primary care settings, as well as acknowledging the ongoing importance and need for the provision of accessible, affordable surgical abortions in the public hospital system.

While all experiences are unique and personal, emergent themes from this survey will help shape future community education initiatives, including social marketing. The findings of this survey will also assist in advocacy and awareness raising initiatives with health providers in the region, including general practitioners attending medical abortion information sessions (delivered by WHW in partnership with the Royal Women's Hospital and the North Western Melbourne Primary Health Network).

WHW will be utilising the survey findings to develop and implement a social marketing campaign to increase knowledge and awareness of sexual and reproductive health services within the region, including medical abortion, cervical screening and STI/HIV testing. This campaign will also promote the recently launched 1800 My Options phone line and website as a useful, localised resource for communities. WHW and partners will also progress future work in this space (including advocating for a dedicated sexual and reproductive health clinical service in the region and workforce capacity building) through the Action for Equity partnership.