

# Gippsland

## General Practice

## Sexual & Reproductive Health Services

A quantitative report of the sexual and reproductive services of 36 General Practice Clinics in Gippsland.



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## Executive Summary

The Gippsland Sexual and Reproductive Health Alliance have developed a comprehensive strategy (Gippsland Sexual and Reproductive Health Strategy 2017 – 2021) to improve the sexual and reproductive health of people in Gippsland. The Strategy has the following objectives:

1. To increase safe sex practice in young people
2. To increase the number of schools in Gippsland that deliver comprehensive, inclusive relationship and sexual health education
3. To increase awareness about respectful relationships and access to sexual and reproductive health information and services for adults with minor intellectual disabilities
4. To improve affordable and confidential access to emergency contraception and termination
5. To support health literacy around endometriosis, polycystic ovary syndrome and menopause.

This report was produced as a body of research as part of objective 4 of the Strategy.

The scope of this project was to gather information from General Practice (GP) clinics across Gippsland about which sexual and reproductive health services they provide. The primary goal was to gather information relating to access of sexual and reproductive health services. The secondary goal was to identify where in Gippsland women's access to termination of pregnancy services were limited or nonexistent and the underlying reasons for this. The findings in this project will be used to advocate for women in Gippsland to have access to the full suite of health services regardless of which clinic they attend.

Sexual and reproductive services cover a wide range of services and interventions. This survey focused on fertility services, pregnancy testing, pregnancy option counselling, oral contraception, emergency contraception, long acting reversible contraception, medical termination, surgical termination (or referral) sexually transmitted infection (STI) screening and STI treatment.

75 clinics were contacted over a period of 10 weeks with 36 clinics responding (48% response rate). The majority of clinics provided the full suite of sexual and reproductive health services or a referral when necessary. 16 clinics offered medical terminations and 20 clinics offered surgical terminations or a referral. 40% of the clinics that did not provide medical termination, and 50% of clinics that did not provide surgical termination referred to Melbourne. The reasons for the clinics not providing termination of pregnancy services were 'they did not have the required training' (10), 'they did not have the required time' (4), or they were a conscientious objector (1). Other responses included, 'They were not a surgical facility', and 'they did not have the required facilities and being a remote location which acts as a safety issue'.

The results of this survey provides quantitative evidence that women's access to the full suite of sexual and reproductive services, including pregnancy options in Gippsland is limited resulting in many GP's referring women to Melbourne. This lack of services not only increases the financial and time cost to women and their families, but leads to poorer health outcomes for women in Gippsland compared to women living in Metropolitan areas.

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## Background

The Victorian government released the Victorian Women's Sexual and Reproductive Health Key Priorities 2017 – 2020 (Department of Health and Human Services, 2017) in 2017 and it included four priority areas. Priority area 2 states that 'Victorians have improved access to reproductive choices.' The difference will be:

- Victorians will have improved affordable, reliable and confidential access to contraception, pregnancy support and termination services to enable people to exercise their reproductive choices.
- Health professionals will be able to provide contemporary reproductive health advice and clinical services to women as close as possible to where they live.
- Health services and health professionals will involve women in decisions about their own health.

Women in regional and rural areas experience many barriers when accessing sexual and reproductive health services. These barriers include availability, travel, cost, privacy and information. Research has shown that this is amplified for rural women in relation to their ability to access abortion services and follow-up care, which may impact on overall health outcomes. This lack of access is even worse for teenagers who are two and a half times more likely than other women to travel further than 100 kilometres (Nickson et al 2006).

Anecdotally this lack of access to abortion services continues even after the many changes that have occurred to improve access. The Abortion Law Reform Act 2008 (Victorian State Government 2008) decriminalised abortion and set out guidelines for when abortion can take place. Abortion can legally be accessed up to the 24th week of pregnancy (and in certain circumstances beyond this). Two types of abortion procedures are legal in Victoria, surgical and medical. The drugs, mifepristone and misoprostol, that are used for terminations of pregnancy up to 9 weeks, were Pharmaceutical Benefits Scheme (PBS) listed in August 2013. In addition in 2016, the Public Health and Wellbeing Amendment (Safe Access Zones) Act 2015 (Victorian State Government 2015) was introduced to ensure that women and staff entering or leaving premises providing abortions, can do so safely and privately, without fear or harassment.

In the state of Victoria, doctors can refuse to provide termination of pregnancy (ToP) services on the grounds of conscientious objection (Victorian State Government 2008). However, they are legally obliged to refer the woman to another registered health practitioner who they know does not have a conscientious objection to abortion. Research has shown that the level of conscientious objection is higher in overseas trained doctors that are more common in rural areas (Newton et al 2016).

The Gippsland Sexual and Reproductive Health Alliance have developed a comprehensive Strategy to improve the sexual and reproductive health of people in Gippsland. The Strategy has the following objectives:

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2. To increase the number of schools in Gippsland that deliver comprehensive, inclusive relationship and sexual health education
3. To increase awareness about respectful relationships and access to sexual and reproductive health information and services for adults with minor intellectual disabilities
4. To improve affordable and confidential access to emergency contraception and termination
5. To support health literacy around endometriosis, polycystic ovary syndrome and menopause.

To inform Objective 4 of the Strategy; the sexual and reproductive health services provided by GP Clinics were mapped through a survey. This work will identify the gaps in the accessibility to sexual health services that exist across Gippsland. In particular access to termination of pregnancy will be explored including the reasons that some clinics do not offer this service.

## Method

A survey was developed using the Survey Monkey program. It was based on similar surveys documented in the literature as well as surveys conducted by other Victorian Women’s Health services. The survey was tested and revised with input from the Gippsland Primary Health Network (GPHN) and Gippsland Sexual and Reproductive Health Alliance members. The GPHN provided the database of Gippsland GP clinics and advised targeting the Practice Manager as the most effective way to obtain the required information.

The clinics were contacted by telephone and a link to the online survey was emailed to the Practice Manager. If a response was not received after a couple of days the clinic was contacted again via email. If there was still no response, they were contacted again by telephone with another follow up email. A total of 75 clinics were contacted. A target response rate of over 50% in each local government area required further promoting of the survey through the Alliance members.

## Results for Gippsland

### Participation

Survey responses were received from 36 clinics across Gippsland. Figure 1 shows the variation in survey response from different local government areas with the largest response rate from Baw Baw Shire and the lowest response rate was Latrobe City.

Local Government Area	Number of Clinics contacted	Number of Clinics who completed the survey	Participation
Bass Coast	8	3	37.5%
Wellington	11	6	54.5%
Latrobe City	23	7	30.4%
East	14	7	50%
Baw Baw	13	9	69%
South	6	4	66.6%
Total Clinics	75	36	48%

Figure 1: Survey response rate by LGA

### Availability of afterhours appointments

20 clinics provided out of business hours appointments in the form of Saturday mornings, after hours call options or late nights. 1 clinic did not respond

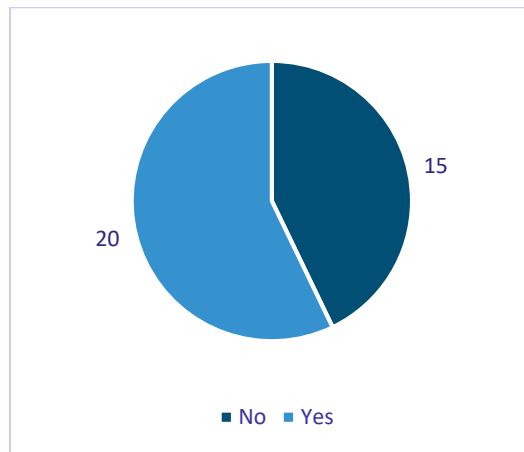


Figure 2: Number of GP clinics in Gippsland that provide appointments afterhours.

### Sexual and Reproductive Health Services provided by General Practice Clinics in Gippsland

The clinics were asked what sexual and reproductive health services were provided and the responses are summarised in Figure 3.

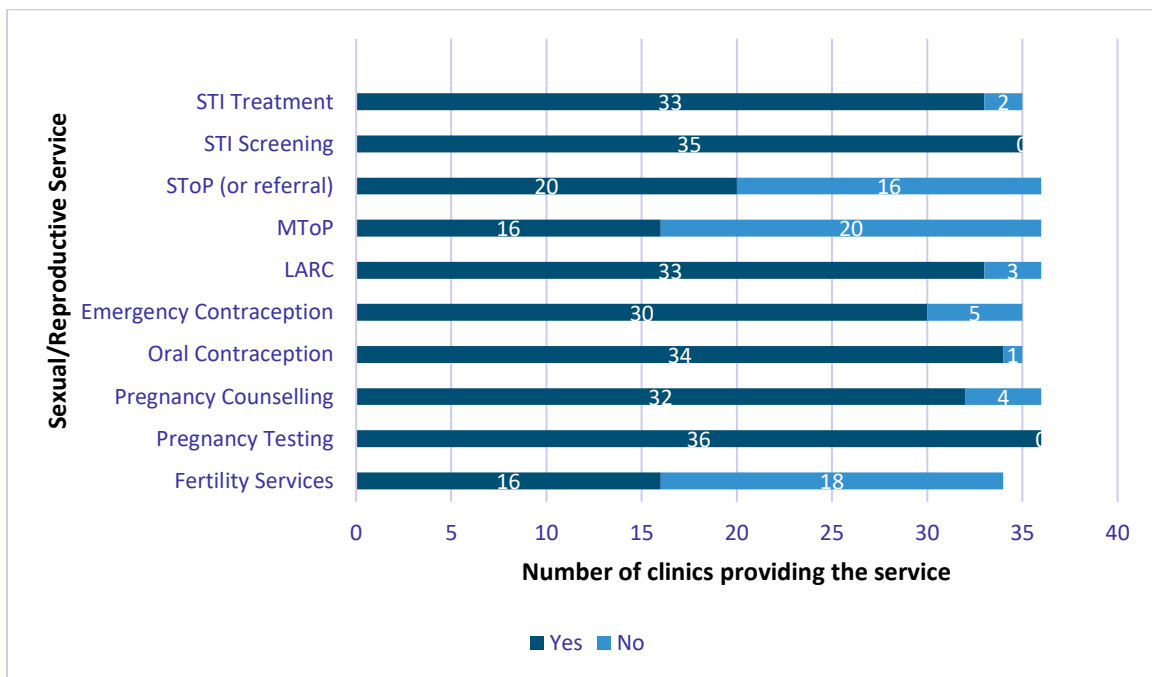


Figure 3: SRH services provided by Gippsland GP clinics

The majority of the services were not bulk billed with the exception of pregnancy testing (20 clinics bulk billed and 13 did not) and screening for sexually transmitted infections (15 clinics bulk billed and 11 did not).

### Provision of Long Acting Contraceptives (LARC)

All 33 clinics that provided LARC provided hormonal implants and the contraceptive injection. 24 could also provide an IUD. This is outlined in Figure 4. Of the 5 clinics that selected other, 2 provide a referral for an IUD or hormonal implant. The remaining 3 clinics provided inconclusive answers.

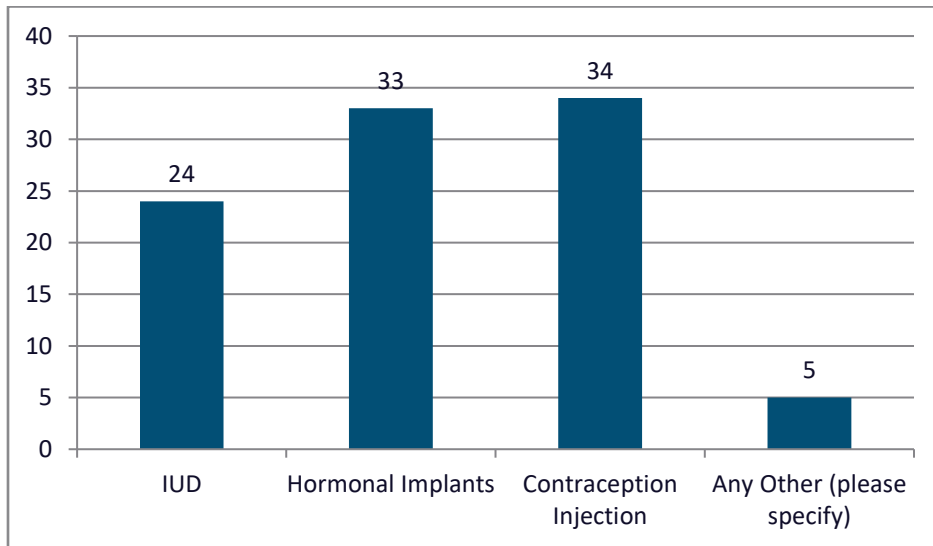


Figure 4: Availability of LARC by GP Clinics in Gippsland

### Provision of Termination of Pregnancy Services

16 Clinics in Gippsland reported they provide Medical Termination of Pregnancy (MToP), with 6 of these clinics stating the service was bulk billed. 20 clinics did not provide MToP. This is represented in Figure 5.

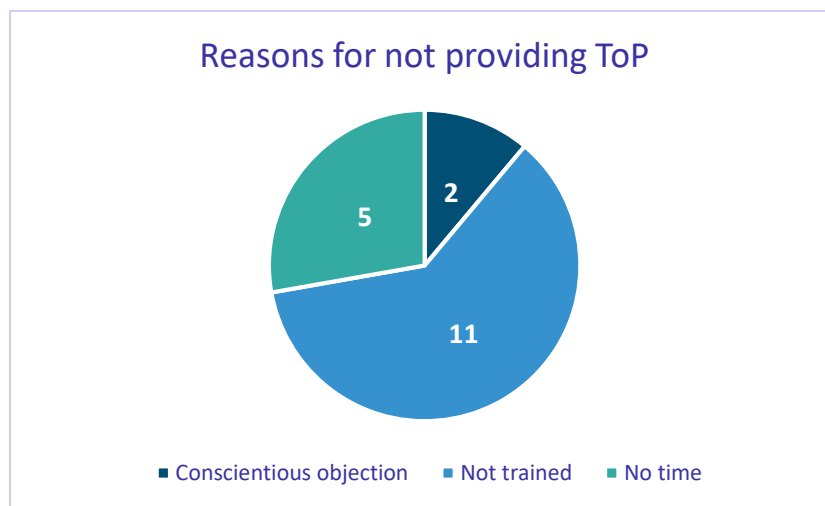


Figure 5: GP clinics reasons for not providing termination of pregnancy

Further comments from clinics that did not provide MToP included concerns about being identified in a small town as a termination clinic. Another clinic was concerned about the distance to the nearest hospital for support services should they be needed.

20 clinics reported they provide Surgical Termination of Pregnancy (SToP) or a referral to another service provider.

Referral pathways

The results of this survey show that 48% (11) of doctors refer to Melbourne for MToP and 55% (12) of doctors refer to Melbourne for SToP which is represented in Figure 6.

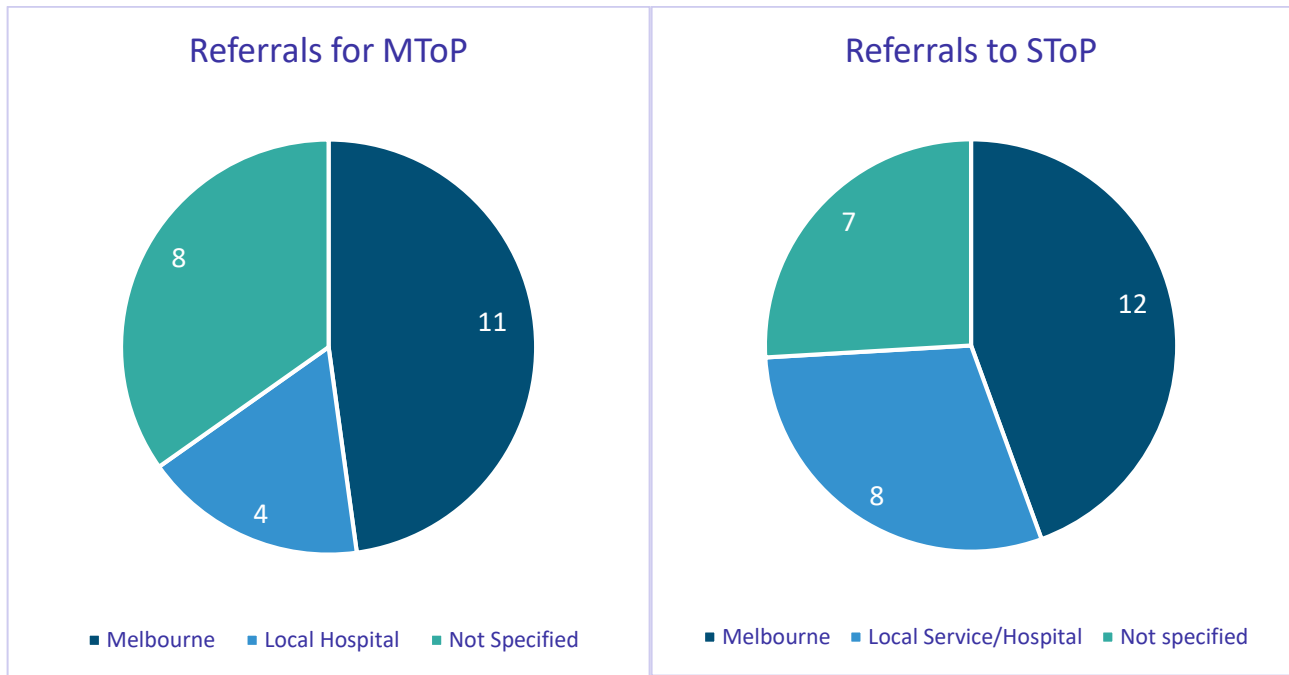


Figure 6: Referral location for MToP and SToP services

Those clinics that responded with answers that could not be determined as a local service or Melbourne service have been grouped under 'Not specified'. It is also important to note that 'referral to local services' include local hospitals. This indicates that further research needs to be done with the hospitals in the region as to whether termination of pregnancy services are provided and in what capacity.

Respondents to the survey were asked if they would like to be listed as a service provider with 1800myoptions the Victorian State help line for information about contraception, pregnancy options and sexual health. 1 service was already listed. 15 clinics indicated they would like to be listed with the service and their details have been forwarded to 1800myoptions.



## Results by Local Government Area

Services provided by the GP clinics have been collated into local government areas for the purpose of identifying service gaps and to inform the work of the Gippsland Sexual and Reproductive Health Alliance.

### Bass Coast

The response rate was 37.5%. All clinics operated after hours and provided most sexual and reproductive health services or a referral to another local service as illustrated in Figure 7. The services were bulk billed for health care card holders and pensioners.

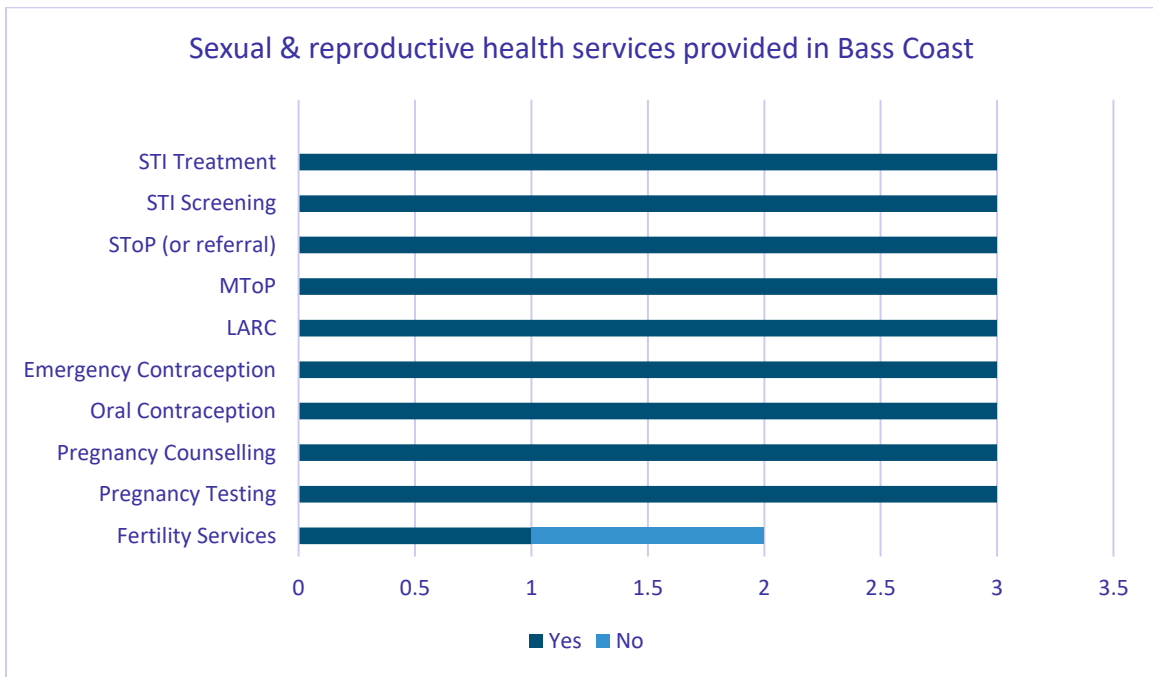


Figure 7: Sexual and reproductive health services provided by Bass Coast clinics

## South Gippsland

The response rate was 66.6% with 2 clinics operating after hours. The sexual and reproductive health services provided are summarised in Figure 8. The services were bulk billed for health care card holders and pensioners.

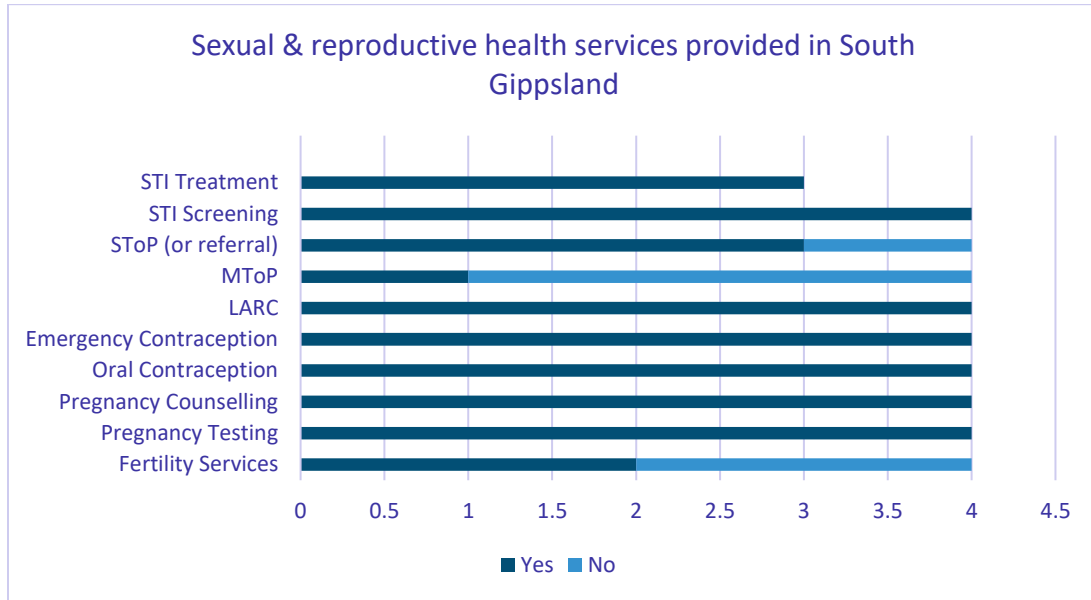


Figure 8: Sexual and reproductive health services provided by South Gippsland clinics

## Baw Baw

The response rate was 69% with 7 clinics operating after hours. The sexual and reproductive health services provided varied greatly and are summarised in Figure 9. The services were bulk billed for health care card holders, pensioners and in some cases people under 16 years of age.

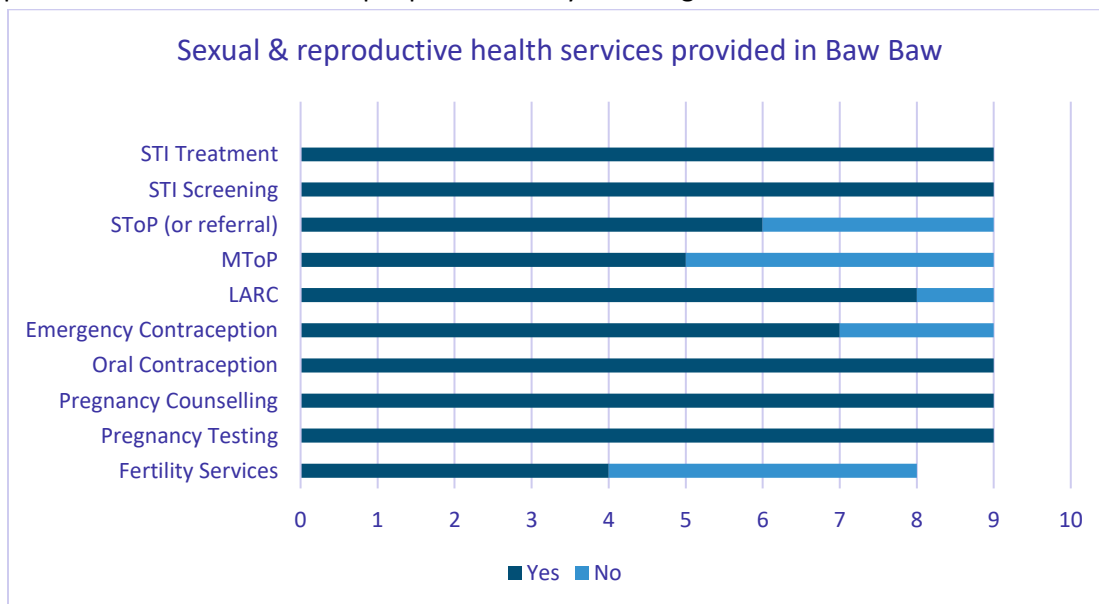


Figure 9 Sexual and reproductive health services provided by Baw Baw clinics

Latrobe

The response rate was 30.4% with 5 clinics operating after hours. The sexual and reproductive health services provided varied greatly and are summarised in Figure 10. Bulk billing occurred at some clinics for health care card holders and pensioners.

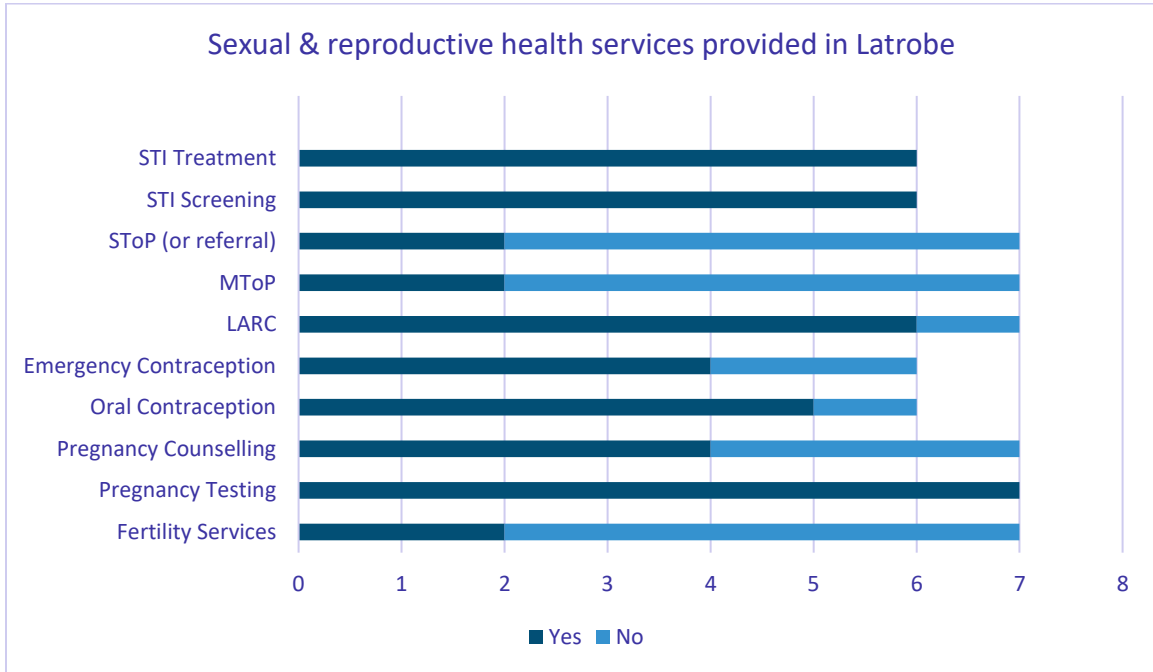


Figure 10: Sexual and reproductive health services provided by Latrobe clinics

Wellington

The response rate was 54.5% with 1 clinic operating after hours. The sexual and reproductive health services provided varied greatly and are summarised in Figure 11. Bulk billing occurred at very few clinics, and where services were bulk billed it was only for health care card holders and pensioners.

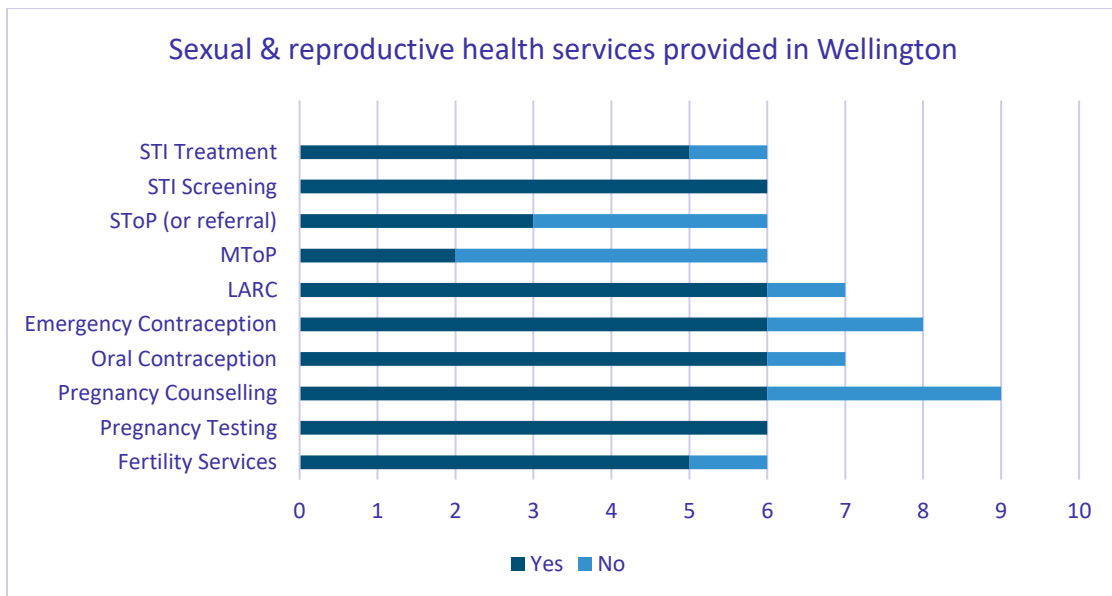


Figure 11: Sexual and reproductive health services provided by Wellington clinics

### East Gippsland

The response rate was 50% with 2 clinics operating after hours. Most clinics provided all sexual and reproductive health services with the exception of MToP. The results are summarised in Figure 12. Most clinics bulk billed services in some cases, and for health care card holders and pensioners.

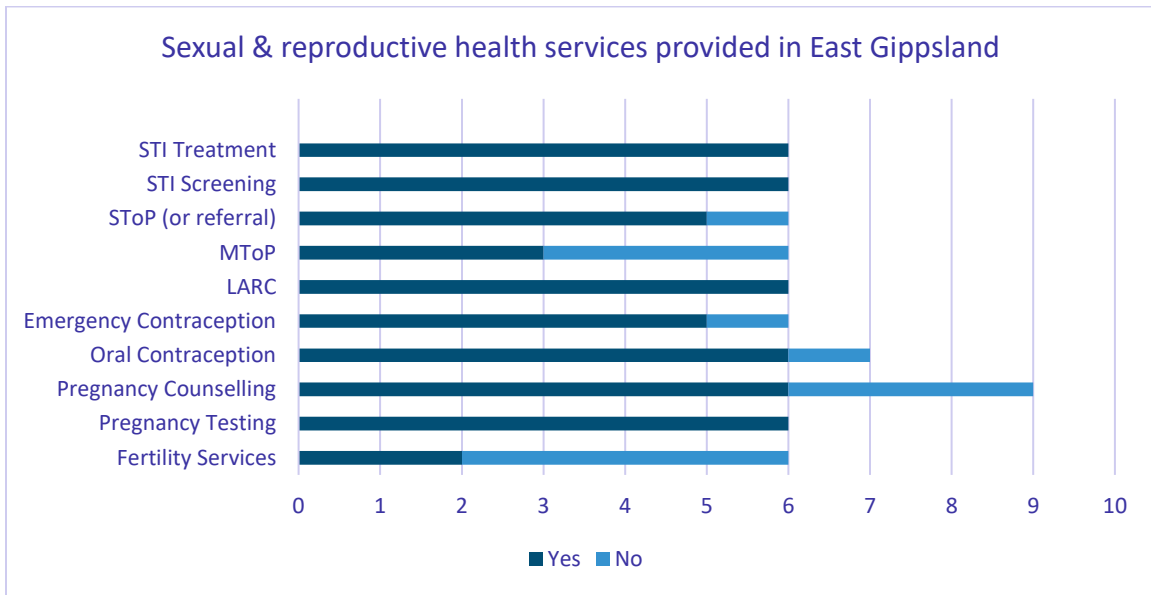


Figure 12: Sexual and reproductive health services provided by East Gippsland clinics

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## Discussion

Although the data indicates the full suite of sexual and reproductive health services are provided by GP clinics across Gippsland, access to termination of pregnancy services remains limited and referrals to Melbourne clinics continue to be the preferred pathway. This continues to disadvantage women in Gippsland especially those in the more rural and remote areas which maintains the gap which exists in health care available to them compared to women living in the city. The added expense of travel, accommodation and in many cases the need to take leave from employment and organise childcare further contributes to disadvantaging the women financially.

Medical termination of pregnancy has been available in Australia since 2012 and provides an alternative to surgical abortion for women in the early weeks of a pregnancy (up to 9 weeks). 61% of the GP clinics stated within the survey that they do not provide medical termination of pregnancy as their GP's are not trained. This is an area that change could occur easily as GP's can do the training and registration online.

The stigma attached to abortion and the concern by clinics in smaller regional centers of being identified as providers or being overwhelmed by demand for the service continues to be a concern and a reason for GP clinics to restrict access to termination of pregnancy locally. This highlights the need to dismantle and challenge stereotypes about who can access choice in Gippsland.

Fertility was another area that access to services were limited with only 47% of GP Clinics providing any service, however this was not explored further as this is a highly specialist area requiring expertise in diagnosis and treatment.

Although the response rate was relatively high (48%) for this type of survey, the gap analysis of services is limited by the lack of participation in the survey by the GP clinics especially for certain local government areas. The survey used to obtain the data in this report had limitations which became evident during the collection process. It was directed to the Practice Managers to obtain general answers as an overview of the sexual and reproductive health services available at the clinic. Often the Practice Manager was difficult to contact due to their work load or work hours. Some Practice Managers worked across more than one clinic and most only completed the survey once which limited the data collected in certain local government areas. For some clinics it was apparent from the answers received that the Practice Managers were not aware of all the services provided at the clinic or if any of the doctors at the clinic were conscientious objectors to providing termination of pregnancy services. It is also possible that the survey responses, especially those about termination of pregnancy services, may reflect Practice Managers' own personal beliefs however this was not substantiated.

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## Future work/Recommendations

The results from this survey will inform future work as part of the Gippsland Sexual and Reproductive Health Strategy. This could include:

1. Provide information and training to GPs on medical termination of pregnancy. This can be done in collaboration with Gippsland Primary Health Network, a Gippsland Sexual and Reproductive Health Alliance member, as well as statewide organisations like Family Planning Victoria, the Royal Women's Hospital and Marie Stopes. It would also be an opportunity to do further work to identify the gaps in GP's knowledge of referral pathways to local services and increasing awareness of the complexities for women associated with accessing termination of pregnancy services out of the region.
2. Mapping the whole pathway for women to access reproductive services, especially termination of pregnancy. This work includes:
  - a. Research on access to reproductive health pharmaceuticals from pharmacies. This has been completed and a separate report has been produced.
  - b. Research on access to surgical termination of pregnancy at Gippsland hospitals
  - c. Research on access to ultrasound services
  - d. Research on access to pathology services
3. The results can be used to inform the Gippsland Health Pathways for termination of pregnancy as well as other reproductive services
4. Work to dismantle and challenge stereotypes around access and choice in Gippsland needs to be a priority so that services can be accessed locally without fear of judgement or stigma. This work is planned as part of the Gippsland Sexual and Reproductive Health Strategy.
5. The results from the survey as well as the rest of access information for the pathway combined with women's stories will be a powerful advocacy tool to improve access to reproductive services for women.

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