



Universal access to reproductive healthcare

**Submission to Federal Senate Standing Committees on Community Affairs
December 2022**

Bloom-Ed is a collective action group committed to ensuring that evidence-based Relationships and Sexuality Education (RSE) is available to all people in their homes, schools and communities. Whilst our primary focus is on RSE for young people, we acknowledge that such education is critical across the lifespan. Bloom-Ed is a collective of teachers, researchers, sexologists, students, parents and activists who operate as an alliance - in conjunction with other organisations throughout Australia - to advocate for comprehensive RSE. Our website can be viewed at www.bloom-ed.org

Due to our field of interest and expertise, this submission is focused on the Terms of Reference point (e), *sexual and reproduction health literacy*.

Internationally and throughout Australia, evidence clearly and consistently demonstrates the benefits of RSE that is contemporary, comprehensive and engaging. For example, a recent systematic review of three decades of research on school-based sexual education programs highlights a myriad of personal and societal benefits when education is attentive to sexual health and takes affirming, inclusive, and positive approaches to human sexuality (see bibliography below). A number of other large-scale evidence documents can be found on our website, <https://www.bloom-ed.org/evidence>

Health literacy is a core component of comprehensive RSE provision, and it is a critical skill that needs to be developed and supported across the lifespan. Specific skills related to **functional health literacy** (improved knowledge of health risks and health services, and compliance with prescribed actions), **interactive health literacy** (improved personal capacity, motivation and self-confidence to act on advice received) and **critical health literacy** (higher level cognitive skills and social skills required to critically analyse information, and to use this information to address the social, economic and environmental determinants of health) must be developed.

What are the problems?

Sexual and reproductive health literacy is universally poor throughout Australia. In our work across different communities, cultures and age groups throughout the country, we have observed that many

people have very limited knowledge and understanding about their own bodies, including reproductive systems and functions. Significant Australian research also supports these claims.

Some individuals may be aware of the prevalence of sexually transmissible infections, but do not know how to prevent them, or where to access testing and treatment services. Many are unaware of the range and availability of contraception options to prevent pregnancy or to manage reproductive histories, including long-acting methods and emergency contraception. They are often unaware of their options in the event of an unintended pregnancy. Menstrual health literacy remains very low and there is a general paucity of knowledge and skills to identify and seek help for menstrual irregularities, such as severe pain (dysmenorrhea). Crucially, many people still lack a concrete understanding of sexual consent, including the communication skills needed to negotiate consent with others.

Specific subpopulations are particularly disenfranchised. Whilst sexual and reproduction health literacy remains poor for mainstream populations, it is particularly lacking for marginalised sub-populations that require health materials and services to be tailored to their context. For example, Aboriginal and Torres Strait Islander groups, people living with a disability, migrants or people who are Culturally and Linguistically Diverse, or people with specific cultural or religious affiliations.

Australians are seeking information from non-credible sources. In the absence of credible health education programs, people turn to social media platforms (e.g. Tik Tok channels and Instagram influencers) or to pornography to learn about their bodies, and other issues related to sexual and reproductive health.

Our health workforce is poorly educated regarding sexual and reproductive health issues. Vocational and tertiary settings that are responsible for training the future health workforce address sexual and reproductive health in very minimal ways. Often this area of knowledge and skill development is held over for postgraduate qualifications or is offered as optional/elective content. This approach disregards the need for *all* health professionals, regardless of speciality, to have a basic understanding of human sex, gender and sexuality; and of contemporary sexual and reproductive health issues.

How can they be addressed?

All of these concerns can be addressed through comprehensive relationships and sexuality education throughout the lifespan, across all communities and sectors. It is important the following factors are considered:

- Education providers need to be appropriately qualified, competent and confident to discuss matters of sexuality and reproductive health in an evidence-based, trauma-informed and culturally appropriate way.
- Education should also be affirming and inclusive of all gender identities, sexual orientations and experiences. It should be based on human rights, and reinforce everybody's right to safe and pleasurable sexual experiences.

- Links need to be made with sexual health services so that people have access to information and resources to achieve the highest possible standards of sexual health. A wide variety of options needs to be available to ensure services are accessible to all.
- A myriad of education options should be provided to people. This includes comprehensive programs within school settings, community settings, families/homes, and online spaces. Programs for specific subpopulations require specialised expertise, as well as additional resourcing and support.
- Educational programs should target individuals, groups, and society in general.
- Effort needs to be made to ensure the health workforce is adequately training to understand and support the sexual and reproductive healthcare needs of individuals, clients and patients.

Bloom-Ed believe universal access to reproductive healthcare to be a human right as per the WHO's guidelines to human sexual rights, including the "right to equality and non-discrimination" as well as the right to "information and education". We commend the Australian Senate for referring this inquiry to the Standing Committees on Community Affairs. We sincerely hope it will result in improved access to reproductive healthcare within Australia, and result in significant health outcomes for all Australians.

Please do not hesitate to contact us should you require any further information.



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Bibliography

The following publications provide examples of poor health literacy throughout Australia.

- [Health literacy levels among women in the prenatal period: A systematic review](#)
- [HIV knowledge and use of health services among people from South-East Asia and sub-Saharan Africa living in Western Australia](#)
- [6th National Survey of Secondary Students and Sexual Health](#)
- [Teacher training organisations and their preparation of the pre-service teacher to deliver comprehensive sexuality education in the school setting: A systematic literature review](#)
- [2nd National Survey of Australian Teachers of Sexuality Education](#)
- [Midwives: Let's talk about sex and reproductive health](#)
- [HPV vaccination literacy in sexualities education](#)
- [Traversing TechSex: Benefits and risks in digitally mediated sex and relationships](#)
- [Progressing toward adolescents' ovulatory-menstrual health literacy: A systematic literature review of school-based interventions](#)

The following publications summarise the benefits of comprehensive relationships and sexuality education.

- [UNESCO International Technical Guidance on Sexuality Education](#)
- [Three Decades of Research: The Case for Comprehensive Sex Education](#)
- [Katrina Marson Churchill Fellowship Report](#) (where she identifies excellent international examples of RSE). Katrina also wrote a separate policy guidance document for the Federal government available [here](#)
- [The Case for Addressing Gender and Power in Sexuality And HIV Education: A Comprehensive Review of Evaluation Studies](#)