

Sexy and Safe



Sexy and Safe: Let's Talk About It is an initiative of the Mallee Child Youth Area Youth Partnership with support from the Centre for Excellence in Rural Sexual Health and Women's Health Loddon Mallee, and is presented in partnership by Youth Affairs Council Victoria (YACVic).

Youth Affairs Council Victoria is the leading advocate for young people aged 12-25 in Victoria. As a peak body, we work closely with young Victorians and the sector that supports them to deliver effective advocacy, events, training, resources and support - so that young people can live their best lives.

Our vision is that young Victorians have their rights upheld and are valued as active participants in their communities. As Victoria's youth peak body, we work across the state in the best interests of young people and the youth sector to:

- lead policy responses to issues affecting young people
- represent the youth sector to government
- resource high quality youth work practice
- research and advocate on youth issues.

We value our members and prioritise their needs.

Acknowledgements

Youth Affairs Council Victoria acknowledges the Traditional Custodians of the lands on which we work. We pay our respects to Elders past, present and emerging and acknowledge their ongoing living culture and contribution to the Mallee region.

Special thanks

To the Sexy and Safe; Lets Talk About It work group - Mallee Child Youth Area Partnership Principal Advisor Cath Murphy, Women's Health Loddon Mallee Sexual and Reproductive Health Promotion Officer Nat Cavallaro, Senior Health Promotion Manager CERSH Kylie Stephens. To supporting organisations, Swan Hill Rural City Council Youth Support Program - Kane Sparks & Will Burns, Swan Hill District Health Promotion Officer Jo Culross, Wycheproof College Jacinta Miller, Kerang Tech High School Tess Burton, Charlton FLO Tanya Watts, Northern District Community Health Tanya Maher-Toohse, Matt Allen, Emily Wood, Robinvale College Mary Ann Leslie, Sara Broster, Mildura FLO Bernadette Warbuton, Mildura City Council Barb Clifford, Sunraysia Institute of TAFE, LJ Donnelly and Youth Gurus.

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Table of Contents

Executive Summary	p.4
Forward	p.5
Background	p.6
Project Partners	p.7
Consultation	p.8
What we asked and what we heard...it might surprise you?	P9
What do young people want	p.15
Supporting Evidence	p.17
Recommended Next Steps	p.18
Final Thoughts	p.21

Executive Summary

This report shares the findings and recommendations from the *Sexy and Safe: Let's Talk About It* youth sexual health consultation as facilitated by Youth Affairs Council Victoria in partnership with Women's Health Loddon Mallee and the Centre for Excellence in Rural Sexual Health.

Sexy and Safe: Let's Talk About It was an in-depth youth consultation focused on giving young people in one section of regional Victoria a voice on the issue of youth sexual health. Designed and facilitated in the first half of 2019, *Sexy and Safe's* primary tool for engagement was a series of eight youth forums for young people aged 15-25 whom live, work, study or play in Victoria's Mallee region. An online survey linked from the *Safe and Sexy* website was also used to engage with and hear from young people who were unable to make a youth forum.

This report captures the voice of young people and highlights what they think the issues for young people in the Mallee region are in regards to youth sexual health. The report shares concerns held by young people, who articulated both a desperate need for better ways to inform and educate young people about their sexual health, as well as the need for more youth sexual health related services and resources for all young people.

It also puts forward a set of nine key actions that young people hope could be the solution to the issues identified. These key actions are supported by a list of six recommended next steps formed by the consultation design team and project partners to develop initiatives that focus on strengthening sexual and reproductive health outcomes for young people.

Support a peer led education campaign to reduce the stigma of sexual & reproductive health for young people

1. Advocate for a consistent state and national curriculum of sexual education for years 7 - 10 in all secondary schools.
2. Specialised Sexual Health Educators facilitating sessions in schools
3. Youth services designed with and for young people using a human centred design model with focus on end user testing and consultation.
4. Introduce young people to health Services sooner
5. Make contraceptive & sanitary products more easily available

For further information, please visit the *Safe and Sexy* website at www.sexyandsafe.com.au

Foreword

Sexy and Safe has been a highly valuable and timely youth consultation that has given young people in Victoria's Mallee region a real voice in on the critical issue of youth sexual health.

The release of this Safe and Sexy Report comes at a very important time with increasing calls for:

- i. youth sexual health reforms;
- ii. increased support and access to sexual health education; and
- iii. additional services and resources for all young people, especially those of us in rural and regional Victoria.

As a young person with lived experience of teenage pregnancy, I have firsthand experience of the barriers and issues existing within the education system and the sexual health services available in my small town.

Supporting Youth Affairs Council Victoria (YACVic) to design and deliver the Sexy and Safe initiative has been a fantastic opportunity to facilitate critical conversations with young people from across my region.

It is the voices of these young people that must be not only listened to, but actioned if we are to see real change, both with and for young people, in the delivery of youth sexual health education, services, resourcing and supports in our region.

My hope from this work is that one day all young people, especially those in rural areas will not have to face barriers that I have had to face. Those of stigma, judgement, lack of confidentiality and lack of service options/provision.

Young people are experts in their own lives and as such their voice should be the loudest and most considered when seeking to understand the issues and the potential solutions to the current youth sexual health crisis in rural and regional Victoria.

This report presents a significant contribution to providing such a voice and I remain hopeful that the right people will be listening.

Mia Rovere

Sexy and Safe Co-designer/Co-facilitator



Background

Preliminary discussions for this project commenced with Mallee Child Youth Area Partnership (CYAP) in December 2018 and highlighted an opportunity for Youth Affairs Council Victoria (YACVic) to engage in consultation and community conversation following on from the recently developed Teenage Pregnancy Strategy for the Mallee region.

Further discussion in early 2019 assisted in the development of partnerships with key stakeholders to ensure the conversations would contribute to strengthening the sexual and reproductive health outcomes for young people in the Mallee.

By March 2019 it was established YACVic would lead the project to consult with young people and youth support professionals involving 4 local government areas and hosting eight scheduled Forums to capture the voice of young people from across the Mallee on the issue of youth sexual health.

During April, YACVic designed the consultation approaches and coordinated the setup of the youth forums and online presence in dialogue with the CYAP, Women's Health Loddon Mallee (WHLM), the Centre for Excellence in Rural Sexual Health (CERSH) and young people - NOVO Youth Council.

YACVic and its young co-designers/facilitators conducted the eight youth forums across the Mallee in May, collating data from these forums as well as from the online surveys. In June, we analysed and processed the data, and worked with its key project partners to produce the report and a four page youth-focussed report to highlight the insights and key learnings from young people throughout the consultations.

Project Partners

YACVic has been supported through the entirety of this project by two wonderful project partners, Women's Health Loddon Mallee and the Centre for Excellence in Rural Sexual Health.

Women's Health Loddon Mallee is a not-for-profit organisation working strategically in partnership for all women across North-West Victoria in the areas of sexual and reproductive health, prevention of violence against women, and gender equity. WHLM's mission is to foster a culture of gender equity that underpins health and wellbeing for women within the Loddon Mallee region, with core values of courage, respect and diversity at the heart of all the advocacy work the organisation does.

In late 2018, WHLM released Her Health Matters 2018-2021 – a regional approach to sexual and reproductive health in the Loddon Mallee Region. This strategy was created to improve sexual and reproductive health access across the Loddon Mallee, for women of all experiences. Her Health Matters aims to give women the confidence and empowerment to advocate for their sexual and reproductive health, while assisting organisations to be able to offer the support for them to do so.

The Centre for Excellence in Rural Sexual Health (CERSH) is funded by the Department of Health and Human Services Victoria through a service agreement with The University of Melbourne, to work across the Hume and Loddon Mallee regions. The vision of the Centre for Excellence in Rural Sexual Health (CERSH) is that all rural Victorians have access to quality sexual health care, information and support that is tailored to their individual needs. This includes young people. The purpose of the Centre is to design, implement and evaluate programs that provide practical solutions for the improvement of sexual health in both the Hume and Loddon Mallee regions.

Consultation

Throughout the month of May 2019 YACVic led a series of 8 youth forums titled 'Sexy and Safe: Let's talk about it' that engaged 174 fantastic young people in group conversation and information forums across the Mallee region. Through the development of an online platform (www.sexyandsafe.com.au), the consultation was also able to engage with a further 55 young people via an online survey designed in parallel to the forums.

Youth forums were facilitated by YACVic staff and young co-designers/facilitators with support from Swan Hill Rural City Council, Northern District Community Health, Swan Hill District Health - Health Promotion Department, Kerang Tech High School, Charlton Flexible Learning Options (FLO), Wycheproof College, Robinvale College, Mildura Youth Services, Mildura Flexible Learning Options (FLO) and NOVO Youth Council. Young co-designers were paid for their time and contribution to these consultations.

As previously mentioned, YACVic's consultation approaches have been designed in dialogue with the Mallee Child Youth Area Partnership, Women's Health Loddon Mallee, the Centre for Excellence in Rural Sexual Health and young people from Swan Hill's NOVO Youth Council.

Each youth forum followed a similar format and was constructed to promote an open dialogue and space for young people to speak up on the topics they were most passionate or concerned about. Six activities were used to structure the 90-minute forums.



What we asked and what we heard might surprise you!

Contraceptives & STI protection

We sought to determine what contraceptives and STI prevention options young people were familiar with and which of those options young people had access to in their communities.

Young people reported many misconceptions around access to health services and products across the region. While some young people could identify a variety of prevention products related to pregnancy, many misconceptions remain around where to access these products and the prevention effect for STIs, particularly related to long acting removable contraceptives (LARC). Many young people believed that condoms are not required when using implants, IUDs, and injectable contraceptives.

Young people indicated that while they were aware of some of the contraceptive options discussed, many barriers prevented them from utilising these options. Pharmacies in smaller communities failed to stock over the counter items, with young people reporting privacy as a significant issue contributing to the reluctance in using the service. In some rural communities, GP's refused to see a young person who was not in the company of a parent, while in other areas young people had to discuss their needs with a person they knew in the town in their local pharmacy, reducing their confidence and ability to privately and confidentially obtain the products necessary to keep them.

Education, Knowledge & Privacy

Exploring young people's knowledge of sexual and reproductive health, where they received their education and the level of confidence in preventing STIs, pregnancy and accessing services and support for the management of unplanned pregnancy.

Young people across the region identified areas of concern around the level of education they are receiving during the early years of their senior schooling (7-9). Many reported year 7 sexuality education appeared to be a replication of puberty classes delivered in primary school. Year 9 sexuality education provided further information concerning a young person's reproductive health however failed to explore many facets of sexual and reproductive health relevant in supporting young people to make healthy decisions around their own sexual relationships. Some young people indicated their friends had already started having sexual relationships. During these conversations many young people from across the region reported that they had **not** had an opportunity to learn how to use a condom effectively, develop a solid understanding of sexually transmitted infections and how to prevent them, or had the knowledge and information pertaining to the termination of an unplanned /unwanted pregnancy. In only 2 of 8 consultations did young people report a sound knowledge of

contraceptive products. Misunderstandings were also reported around where to access sexual and reproductive health services, especially accessing abortion, even in the two consults where young people reported sound knowledge of contraceptive options. Significant disparities were identified for students that had sadly experienced interruptions to their education resulting in absences, referrals to flexible learning options (FLO) and adult education. Some young people among this group reported having had no sexual education at all as a result of moving around and a lack of sexual education in the curriculum beyond mainstream options leaving this group young people uneducated in sexual and reproductive health and safety.

Condoms

Investigating the most accessible contraception and confronting opinions around how they are used among young people in the community.

There are many services and programs that are currently delivered across the Mallee with the aim of engaging young people. Sadly, the target market is reporting under usage of these services. Young people in Wycheproof, Charlton, Robinvale & Mildura all reported they knew where to access low cost condoms from vending machines, however these machines were located in areas that were difficult to access for a young person. In each of the identified areas, the vending machines were vandalised, and young people report that they have been removed as a result. While access to free condoms are available via health services and some youth spaces, these spaces are not accessible to young people outside of business trading hours, which makes it almost impossible to access health products when required.

During these conversations, many young people from across the region reported that they had **not** had an opportunity to learn how to use a condom effectively. Recent discussions highlighted areas hindering quality sexual education for young people including but not limited to cultural, religious and family values. Some students from religious education institutions reported not learning how to use a condom at school because the values of the religion involve not having sex before marriage.

Other students at public schools indicated they had learnt how to use a condom effectively—however, this education didn't take place until year 9. Some young people talked about friends that were in sexual relationships before they had received information on contraceptives for the prevention of pregnancy and sexually transmitted infections.

Many young people agree condoms can and should be used in short and long term relationships, but many identified that they would cease using condoms if other contraceptive methods, such as an implant, were being used. Young people reported that ‘if you are in a longer term relationship, there is less of a need to use condoms.’

While many young people told us they would refuse to have sex if their partner isn’t prepared to wear a condom, further discussion and exploration of this topic raised alternate views. When asked in a survey, less than 20% of respondents said they use condoms every time they have sex. Almost 50% said they only use condoms sometimes, while 40% of respondents reported they would have sex with someone who was not prepared to use a condom.

Challenging perceptions

We encouraged discussion by posing a series of questions in relation to sexual health, with young people responded using a sliding scale based on their knowledge and experiences.

- ***There isn’t anywhere for me to access sexual health products in my area.***

Young people reported they were able to access male condoms in their communities at low or no cost. However, out of the communities that have this option available, four indicated the vending machines in place had been vandalized or were currently unavailable. Young people questioned the integrity of a product made available from a vending machine, and suggested considering further consultation with them around where the best place for young people is for access to these products.

- ***It’s not hard for young people in my town to get contraception when they need it***

Supermarkets and pharmacies provide some contraceptive options across the region, but barriers such as cost, judgement, embarrassment, privacy, confidentiality, and a lack of transport all have an impact on young people’s ability to access exactly what they need, when they need it.

Young people reported stores closing early in rural communities. One community reported that their local supermarket requested identification before allowing the purchase of condoms, refusing sale to people under the age of 18.

- ***Many young people are speaking to their health care professional, GP or school nurse and asking for help around their sexual health***

Across the region, young people reported ongoing issues of shame, embarrassment and judgement from peers and adults alike in regards to sexual and reproductive health. Given this, young people indicated they were unlikely to discuss areas of sexual health in the classroom even if they wanted to know. This extends beyond the schoolyard with young people reporting inconsistent treatment from GP's and nurses. Cultural safety in health care and education was raised, as many young men from varying cultures indicated a need to engage with same-gendered professionals in relation to their sexual and reproductive health. Without trained male educators, nurses, wellbeing staff and health professionals in regional areas, the sexual and reproductive health and education of many young men from a variety of cultures is being missed.

- ***Youth support professionals in our area have the right resources and knowledge in place to support young people's sexual health needs.***

Many of the rural areas visited failed to have ongoing specific youth support workers in their communities. Wellbeing support is available within schools—however, cultural concerns were raised again, with multicultural young men being unable to access this stream of support due to gender issues. An urgent need for male workers was identified as was additional youth support services that can be accessed outside of school facilities for those whom are no longer in education. For those young people whom had access to community-based generalist youth workers, there was satisfaction in accessing support when and where it was needed, with the majority of young people giving accounts of good support, referral and advocacy.

- ***My community is supportive of young people wanting to have healthy sexual relationships, and listens to young people's ideas and needs.***

Generally young people disagreed with this statement viewing their inability to access products, services and their desired education outcomes as not being supportive. While young people are often surveyed, they are not frequently consulted in relation to their sexual and reproductive health needs. When looking at youth participation, the majority of young people advised they should be consulted about what they want and need in regard to their sexual health. However, when pressed to consider if they would be involved in a such a role,

many said they would not. This directly related to the existing stigma around sexual and reproductive health.

- ***A young person experiencing a sexual or reproductive health crisis would be better off living in a larger regional centre than this town.***

Overwhelmingly young people believe their regional and metropolitan neighbours are far better off in a sexual health crisis than they are living in a rural or remote region. In mapping activities many participants named nearby regional centres as the place to go for accessing sexual and reproductive health services, and for the management of unplanned pregnancy and abortion services.

- ***Are schools providing students an opportunity to develop a wide knowledge of their sexual and reproductive health.***

Young people across the region identified areas of concern around the level of education they are receiving during the early years of their senior schooling (7-9). Many reported year 7 sexuality education appeared to be a replication of puberty classes delivered in primary school. Year 9 sexuality education provided further information about a young person's reproductive health, but failed to explore many facets of sexual and reproductive health that are relevant in supporting young people to make appropriate decisions around their own engagement of sexual relationships. Some young people indicated their friends had already started having sexual relationships. During these conversations, many young people from across the region reported that they had **not** had an opportunity to learn how to use a condom effectively, developed a solid understanding of sexually transmitted infections and how to prevent them, or received knowledge and information pertaining to options, including termination, of an unplanned /unwanted pregnancy. Significant disparities were identified for students that had experienced interruptions to their education resulting in absences, referrals to Flexible Learning, and adult education. Some young people among this group reported having had no sexual education at all as a result of relocation and a lack of sexual education in the curriculum beyond mainstream options.

Access

Many young people in rural areas think their regional counterparts are better off when accessing health care with many identifying their closest regional area to access termination services. Many young people we spoke to were not aware of the services available to them in their communities. Young people are often left to make assumptions around what is available in their communities, with many misconceptions forming. For example, young people in Robinvale told us they would go to Mildura to access termination services and support. In Wycheproof, Charlton & Kerang young people drew roads out of town to outlining areas such as Bendigo & Swan Hill on their service maps, identifying these larger regional areas as where they would go to access sexual health support services. Young people were not aware of the low availability to these services. The referral pathways generally are not well understood for young people, and this leads to confusion and delay in service.

Young people did identify strengths in their community that help protect or improve sexual health, such as friendship, teachers (mostly wellbeing), youth workers, and services such as headspace and youth support programs in their communities—although, once again, not all of these services are available across all rural communities.

Young people were generally unaware of online supports and information for sexual health, with some posing the question around why they aren't entitled to the same face-to-face service and commitment to health that other young people receive in regional areas.

What do young people want?

Specialist sexual education facilitators!

This was unanimous. Young people would much prefer sexual education to be delivered by a sexual health professional rather than a teacher. Pretty much the last person you ever want to talk to you and your peers about sex is your high school teacher. Maths, science, PE ... it is just not a comfortable or pleasant experience for anyone. It is a specialty topic, so we need specialists who know everything, not just the boring stuff. "You know how *Project Rokit* makes talking about bullying fun? We need that for Sex Ed. People who know their stuff and aren't from here."

Earlier access to sexual education – Sexual education needs to be delivered before young people begin experimenting with sex! Every young person we asked remembered having the puberty talk at school in grades 5 and/or 6. Some also recalled sexual education in year 7, but said this was a repeat of the puberty talk, rather than actually talking about the nitty gritty of sex and all the other juicy bits. Young people we talked to reported that students don't receive sexual and reproductive health education until year 9. This is not too late for many, but for some young people they have begun having sex without the important education required to make appropriate decisions around using contraceptives and STI preventative measures, not to mention consent. The solution is simple...sexual education earlier.

Sexual education at every high school in every year level - Young people made the point that they don't all start having sex at the same time, and that often their 'friends' might need to hear information more than once before they pay attention to it. Young people also spoke about the need for continued sexual education right through high school. Students indicated they wanted more sexual education so they could obtain important sexual health information when they most needed it. They also thought that maybe the more you talk about sex, the less taboo or weird it might become.

Standardised / minimum requirements for Sex Ed for all schools - Young people talked about the disparities in the sexual education curriculum being taught or not taught at different schools across the region. Young people thought it was ridiculous that all young people in our region couldn't have access to the same level of sexual education no matter what school they went to. It's not as if young people are only having sex with people from their own

school! *“If you want us to be ‘safe’, you need to give everyone the tools to make good decisions, not all the tools for some people and only half a set for others”.*

Culturally appropriate sexual education - Young people who engaged in the Sexy and Safe youth sexual health consultations were representative of our vastly multicultural community existing across the Mallee. They pointed out that consideration needs to be given to culturally appropriate health information and delivery of it. A significant gap exists for individuals whom for cultural reasons are not permitted to speak about their sexual health with someone who is not of the same gender. As a result, many students miss out. *“We need both male and female [educators] in sexual health roles to better support the needs of culturally diverse young people”.*

Gender diverse and same sex attracted sexual education – the same issues arose for gender diverse and same sex attracted young people. You can’t just pretend diversity isn’t a part of society. Sex Ed curriculum needs to be inclusive of gender diverse and same sex attracted young people. *“We need Sex Ed to be reflective of all young people. Celebrate the Neapolitan, don’t just serve up the vanilla”.*

Informal sexual education expos & service tours - Young people indicated that they would engage in sexual health expos and tours of local health services if they were made mandatory for their whole school or year level. If we weren’t made to go, many young people said they wouldn’t because of potential shaming, bullying or stigmatisation that may follow.

Access to services, condoms and sanitary products - Accessibility is a major issue for young people and standard practice is for them to not be consulted in the placement of services, contraception or sanitary products. Barriers identified are cost, transport, referrals, product integrity, hygiene, and inability to access due to geographical location or opening hours. The solution is to talk to young people about the services or vending machines they want and where.

Reduce the stigma of sexual health. It was clear from speaking with young people that sex remains a taboo topic. Young people want to see this stigma smashed. They want to be able to talk about sex without the fear of being judged or shamed. Many of the young people we spoke about stigma called for more campaigns to be established to talk stigma in our schools, communities and sporting clubs. *“The more we talk about it, the more we normalise it”.*

Supporting Evidence

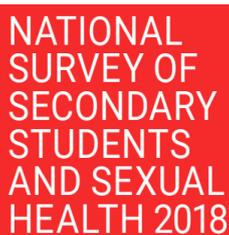
The work of *Sexy and Safe: Let's Talk About It* was constructed with reference to and is supported by a series of other reports and in-depth research on the topic of youth sexual health. Each report listed below has great value in its own right, but together and in unison with the voice of young people, this body of work has the potential to be a driving force behind an improved model of youth sexual education and improved access to specialised supports and resources.



Women's Health Loddon Mallee have released [Her Health Matters 2018-2021](#), a regional strategy and approach to sexual and reproductive health in our region which identifies four priority areas for improving the region's health outcomes.



The Victorian Government -[Women's sexual and reproductive health key priorities:2017-2020](#) that looks to strengthen existing service and also address the identified services gaps in the area of women's sexual and reproductive health. It outlines four priority action areas for taking action to address the key determinants of women's sexual and reproductive health.



The sixth [National Survey of Australian Secondary Students and Sexual Health](#), conducted in 2018 and released in June 2019, present critical information and data at a national level on young people and their sexual health.

In 2013, YACVic published a paper discussion paper titled ['Young people and sexual health in rural and regional Victoria'](#) which explores the sexual and reproductive health inequalities experienced by young people living in rural and regional Victoria. It puts forward approaches to addressing these disparities and showcases recent examples of youth sexual health promotion initiatives. Six years on much of what is presented in this paper is still very much relevant to the challenges faced by young people today.

Recommended Next Steps

Youth Affairs Council Victoria Rural and partners are committed to improving the sexual and reproductive health outcomes for young people across the Mallee and suggest implementing these recommendations.

1. Support a peer led education campaign to reduce the stigma of sexual & reproductive health for young people

Supporting the development of a peer led sexual and reproductive health campaign to reduce negative stigma experienced by young people across the Mallee, and all rural communities, encouraging young people to access sexual and reproductive health and treatment options. Young people across the region referred to sexual and reproductive health as a “taboo” topic, an issue many didn’t care to discuss with a parent or trusted adult and most certainly not with their sexual education teacher in a school environment. A campaign designed specifically to address the needs of young people is likely to reduce negative perceptions of young people seeking support, guidance or access to service in relation to their sexual health. A campaign to this effect is likely to have positive outcomes for those impacted by stigma and aims to provide information to the wider community on how to engage with young people whom are seeking products or services.

2. Advocate for a consistent state and national curriculum of sexual education for years 7 - 10 in all secondary schools. This needs to take into account cultural sensitivity, and be inclusive of, and appropriate for, same sex attracted and gender diverse young people and informed/co designed by young people.

Mandatory sexual and reproductive health needs to be taught to ALL students in ALL schools. Recent discussions across the region have highlighted many areas hindering quality sex education for young people including but not limited to cultural, religious and family values. While these areas must be treated respectfully and with sensitivity, the need to provide information to young people around their sexual and reproductive health systems that addresses priorities beyond just biology is vital if we are to improve outcomes for our young people.

A consistent national curriculum based on best practice models, delivered with further training for teachers and school staff (particularly in relation to cultural appropriateness), presented alongside trained community based providers, would ensure all young people have

access to the same information no matter what school they attend. Young people would all have access to education on sexual & reproductive health, including contraceptives and relationships, relevant information on how to access health services, options to terminate, counselling, consent, gender diversity and its impacts upon sexual health & sexual diversity.

3. Specialised sexual health educators facilitating sessions in schools

Support young people to receive the quality sexual and reproductive health education they deserve. This may be implemented utilising organisations with experts in the sexual and reproductive health promotion space to deliver high quality information and education in collaboration with current curriculum.

Young people across the region unanimously agreed they want their sexual education to be delivered by an expert in sexual and reproductive health. In discussion, young people indicated they are actively seeking more information regarding their reproductive health, healthy sexual relationships, STI's health products and services in a non-judgmental environment where the opportunity to speak freely around sexuality is available. Young people reported high levels of embarrassment when speaking with a teacher around this topic. They told us that they don't want to ask questions for fear of judgement from staff, and in some instances, their peers. It is thought that if a professional sexual and reproductive health expert could deliver a vast array of information pertaining to a young person's sexual and reproductive health in addition to respectful relationships, young people would generally feel more comfortable to ask questions around sexual health and gain more insight into the services and products available. Young people thought that they would make better decisions around their sexual health outcomes if they are better equipped with this information earlier.

4. Youth services designed with and for young people using a human centred design model with focus on end user testing and consultation.

Young people are the experts in their own lives, so why aren't we asking what they want or need regarding their sexual and reproductive health? Of the young people involved in these discussions, it was agreed unanimously that youth participation is a key to overcoming some of the identified access issues experienced by young people.

Supporting the development of a youth based sexual and reproductive health reference group will provide young people an opportunity to feed into the policy and service delivery development of key health organisations whom deliver services to young people. There are

many services and programs that are currently delivered across the Mallee with the aim of engaging young people reporting under usage by the target market.

5. Introduce young people to health services sooner

Young people reported many misconceptions around access to health services and products across the region. Youth Sexual Health Expos were floated as an idea / concept for supporting sexual health in a rural setting. Young people advised that they would not attend a standalone event in all sites visited, however they welcomed an opportunity to learn more about their sexual and reproductive health options at an expo if “everyone” had to attend. Young people indicated if the expos were held in schools and were mandatory for all students to attend, that they would not only go, but get a lot out of it. While participants did acknowledge that some young people would attend the event in jest, the idea was raised that they would still learn much more about sexual and reproductive health.

YACVic Rural would welcome an opportunity to support a series of expos across the region in collaboration with Women’s Health Loddon Mallee and localised services, creating opportunities for young people to develop further knowledge around sexual and reproductive health products and services. In addition, community service engagement and relationship building between schools and localised organisations to support young people is encouraged. Young people valued the “tours” within the services available to them, creating fewer barriers to access if and when they are required.

6. Make contraceptive & sanitary products more easily available

Cost, access, embarrassment, judgement, privacy and confidentiality, religion, lack of transport, culture and family values are just some of the barriers identified by the young people. Tampons and sanitary options were raised, along with concerns around period poverty and the impact of toxic shock on young women’s reproductive health in rural areas. When asked for a solution-focused response, it became clear that many of these products should be available at schools and at youth focused services.

Young people want to have the ability to develop healthy relationships with the support of their communities. To this end, they require the same amount of privacy and respect paid to an adult building a healthy relationship. With the many identified barriers to accessing these products the simple solution is to provide an option meeting young people where they are.

Final thoughts

Living in the Mallee provides unique opportunities for its young people; however, living in a rural area creates vastly different and complex challenges for young people that can be far more difficult to overcome. Young people across the region have fewer and less accessible services and supports due to a variety of barriers not limited to distance and cost alone.

Youth Affairs Council Victoria's Rural Presence Project remain committed to improving sexual and reproductive health outcomes across the Mallee. We will continue promoting youth participation and inclusion, capacity building within the youth sector to support young people with information, knowledge and resources pertaining to good sexual and reproductive health.

Our conversations with young people indicate considerable change in the approach and delivery of sexual and reproductive health is essential. Education must include contraceptive options and relationships, information on how to access crucial services and support on: unplanned pregnancy and counselling, consent, gender diversity, healthy sexual relationships, and STIs.

Adolescence and young adulthood are significant periods of transition in a person's life. Recognising the importance of quality sexual and reproductive health education for young people is vital. This will assist in reducing unplanned teenage pregnancies and improving sexual and reproductive health outcomes across the region.

Addressing sexual health concerns and providing young people with knowledge and capacity to make informed choices early can improve the immediate quality of their lives, and have a significant impact upon their futures, both socially and emotionally. Our hope for the Mallee is that dedicated work and outreach reduces the high rates of teenage pregnancies, and enables young people to thrive throughout their lives.

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