

# Sexual Health Policy Brief

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## Scope

The *National Women's Health Policy 2010* identified sexual health as a priority issue for women. The aim of this policy brief is to outline important research findings on sexually transmitted infections and contraceptive use based on data from the Australian Longitudinal Study on Women's Health.

## Research Findings

### Sexually Transmitted Infections (STIs)

- Chlamydia was the most common STI affecting young Australian women: 8.3% of women aged 18-23 years in 2013 reported ever having had chlamydia and this increased to almost 12% by the time they were aged 22-25 years in 2017.<sup>1</sup>
- The prevalence of chlamydia in young Australian women increased by more than four-fold between 1996 and 2013, from 1.7% to 8.3%.<sup>2</sup>
- Young women were more likely to first report an STI if they were not married or cohabiting with a partner, had multiple sexual partners, did not use condoms, had never been pregnant, were current smokers or risky drinkers.<sup>3</sup>
- Bisexual and mainly heterosexual women were more likely to report STIs than lesbian or exclusively heterosexual women.<sup>4</sup>
- Approximately 1% of women aged in their 50s and 60s reported being diagnosed with chlamydia, genital herpes or genital warts in 2016.<sup>5</sup> However, women in this age group might not undertake routine STI screening.

## Other infections of the reproductive system

- In 2017, approximately 50% of young Australian women aged 22-27 years reported ever having had thrush and 24% reported that they had thrush in 2017.<sup>1</sup>

## Contraception use and sexual behaviour

- In 2017, the most commonly used method of contraception among Australian women aged from their late teens to mid-20s was the oral contraceptive pill (52-54%), followed by condoms (39-42%); 12-15% of women used long-acting reversible contraception.<sup>1</sup>
- One in five women aged in their late teens and early twenties reported that they used both the oral contraceptive pill and condoms the last time they had vaginal sex.<sup>2</sup>
- Approximately one in ten sexually-active women aged 22 to 23 did not use contraception the last time they had vaginal sex.<sup>2</sup>
- Barriers to use and access to contraception included concerns about side effects, lack of or inability to access information, and negative experiences with health services during attempts to obtain birth control.<sup>6</sup>
- The type of contraception used by women changes with age and life-stage: use of long acting reversible contraception increased as women aged from their early 20s to early 30s, then decreased during the years when they were having children. Women with older children were most likely to use permanent methods of contraception.<sup>7</sup>

## Recommendations

- The increase in prevalence of chlamydia in the last two decades means that additional and better campaigns are needed to increase knowledge of STIs and STI prevention among young women.
- Healthcare providers should be made aware that women at-risk of developing STIs include those not in a long-term sexual relationships<sup>3</sup> and who identify as bisexual or not exclusively heterosexual.<sup>4</sup>
- Additional training on contraceptive-specific GP consultations is recommended to improve women's health care experiences and to ensure GPs are adequately informing women about the range of contraception available and the potential side-effects.<sup>6</sup>

## References

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