WESTERN SYDNEY
UNIVERSITY

ENSURE:
ENHANCING WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH IN WESTERN SYDNEY

AN INTERSECTIONAL APPROACH

AUGUST 2019

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August 2019

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EXECUTIVE SUMMARY

Sexual and reproductive health (SRH) is a human right and a fundamental contributor to health and wellbeing. Utilisation of SRH services is associated with positive mental health outcomes, greater quality of life and sexual well-being among women. Sexual and reproductive health have been identified as two of the top priorities for women's health in Australia by both the National Women's Health Strategy 2020-2030 and the National Women's Health Research, Translation and Impact Network (AHRA WHN).

However, it is recognised that services are not accessed equally among different groups of women. In Western Sydney (WS), this is due to individual and systemic barriers and is particularly the case for marginalised women including culturally and linguistically diverse (CALD), homeless, gender or sexuality diverse (GSD) women and women with disability. This means women in WS are at risk of experiencing poorer SRH outcomes.

Western Sydney University is well positioned to respond to the issues around inequity in SRH in WS. Two major themes and priority areas threading throughout women's SRH research at Western are 1) the marginalisation of women, particularly those from diverse backgrounds, leading to a lack of health literacy across SRH issues, and 2) the need for further research that impacts on SRH policy and practice. Using a range of approaches, our research at Western focuses on a spectrum of SRH areas, including menstruation, menopause and menstrual disorders; pregnancy, childbirth and motherhood experience; chronic illness and SRH; gendered violence; and SRH of marginalised women. With a focus on intersectionality, co-design and consumer participation, our research examines women's SRH across the lifespan, with direct translational outcomes to address issues of SRH inequity and inequality. This includes development and evaluation of programs of health promotion and prevention, interventions, services and policies that systematically respond to the needs of women WS and beyond.

As this paper outlines, utilising a transdisciplinary approach to address inequity in SRH, our aim is to address two major themes that crosscut all aspects of women's SRH health:

1. Increasing access to services by reducing stigma and marginalisation, promoting culturally sensitive care and increasing women's SRH literacy; and
2. A sustained program of knowledge translation, using a range of methods, to ensure that our existing findings and ongoing research have impact and direct outcomes in terms of influencing policy and practice, encouraging women's participation, and supporting women's health.

INTRODUCTION

FIGURE 1: Sexual and Reproductive Health of Women

Women's health is an issue with multiple priorities and challenges. In addition to biological differences between women and men, the World Health Organization (WHO) acknowledges the impact of profound sociocultural and economic disadvantage on women's health internationally (1). This includes unequal power relationships between men and women, women's decreased educational and employment opportunities, an exclusive focus on women's reproductive roles, and the experience of sexual, physical and emotional violence (1). Twenty years after the international Beijing Declaration and Platform of Action on women's health was signed, gendered health inequalities are still prevalent, with a need for ongoing commitment to address them (1).

Some women are at higher risk of negative health outcomes. Forty-one percent of Australian women have experienced violence since the age of 15 (2), with ongoing effects on physical and mental health (3). Greater vulnerability may be experienced by women from marginalised populations, including culturally and linguistically diverse (CALD), gender and sexuality diverse minority (GSD), Aboriginal and Torres Strait Islander women and women of low socioeconomic status (SES) (2). Such women are also less likely to engage with health services, due to individual and systemic challenges (4). Addressing the sexual and reproductive health (SRH) of women living in Western Sydney (WS) is of particular importance given this region has a higher proportion of individuals of lower SES compared to greater Sydney (5) and has many suburbs with a high density of migrant populations (6).

SRH is a key issue for women's health across the lifespan, associated with over a third of health problems globally for women between the ages of 15 and 50 (3). This includes issues associated with the reproductive life cycle, including menstruation, fertility, perinatal experiences, and menopause; sexual health and illness across the lifespan; as well as sexual violence and abuse (2, 7) (Figure 1). Women are also more vulnerable to mental health issues, which can exacerbate SRH problems (8).

The complexities of determinants of women's SRH make it impossible to deal with these issues in silos. Intervening in these determinants instead requires a transdisciplinary approach, with committed mutual relationships, both internally within institutions as well as externally with stakeholders and the community. It requires researchers to adopt an intersectional lens, to promote understanding of human experience by examining the interaction of different social locations and identities, such as race, gender, class, sexuality and age (9) (Figure 2). This approach considers how the interaction of social locations occur within a context of systems and power structures (Figure 2) that form privilege and oppression, including racism, ageism, homophobia, transphobia and ableism, all of which have significant impacts on women's health and wellbeing (9).

Western Sydney University is well positioned to respond to issues around SRH in WS. Our research at Western focuses on a spectrum of SRH areas, including menstruation, menopause and menstrual disorders; fertility and infertility; pregnancy, childbirth and motherhood experience; chronic illness and SRH; gendered violence; and SRH of marginalised women. Through a model of integrated knowledge translation our researchers consistently engage with communities and services to examine women's SRH across the lifespan, to ensure our

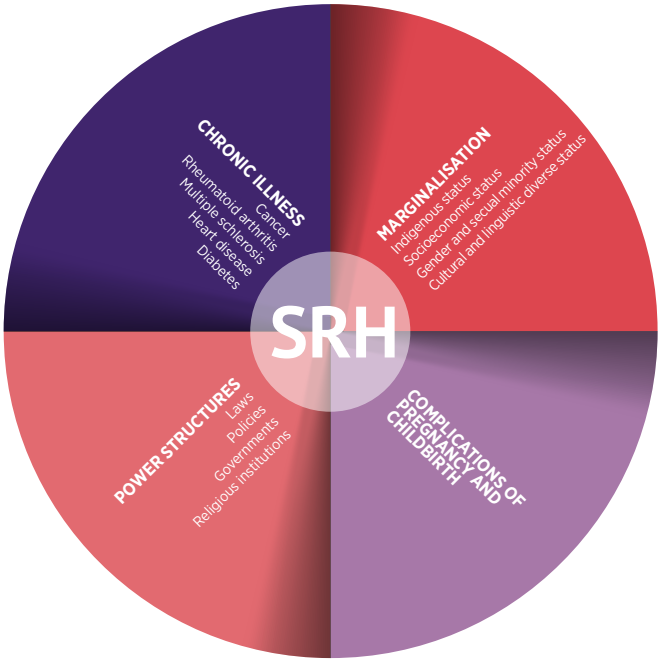


FIGURE 2: Factors Impacting on Sexual and Reproductive Health

research has direct translational outcomes that address issues of SRH inequity and inequality. This includes development and evaluation of programs of health promotion and prevention, interventions, services and policies that systematically respond to the needs of women WS and beyond. For example, a web-based intervention to improve young Australian women's menstrual health literacy has been co-designed with stakeholders and young women. Similarly, co-design has been a feature in the development of a number of Cancer Council resources, based on research conducted at Western, that have been distributed nationally to cancer survivors to support individuals in addressing fertility concerns as well as to alleviate sexual difficulties following their cancer diagnosis.

In this paper, we highlight the complexity of women's SRH, by identifying challenges women of WS may face in this sphere, in particular in relation to accessing equitable SRH care. We describe how we are tackling these issues through the breadth and depth of our research at Western. We also discuss limitations to our current approaches to address women's SRH, before proposing strategies to address these limitations. This includes bringing together different disciplines with stakeholders from health service, policy, and community settings, to thoroughly examine and address these complexities using an intersectional approach with the aim of comprehensively understanding and addressing access and issues of inequity.

1. THE CHALLENGE:
INEQUALITIES IN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH IN WESTERN SYDNEY

WHY SEXUAL AND REPRODUCTIVE HEALTH MATTERS

Women's SRH has significant wide ranging impacts – human and economic – on the individual, wider community and society as a whole, and is influenced by physical, psychological and sociocultural factors (10). Worldwide, and in Australia, the SRH of women is recognised as a priority public health and human rights issue (11). SRH encompasses the right to health and respectful relationships, the possibility of having pleasurable and safe sexual experiences, access to affordable, safe and appropriate services, access to accurate information across all stages of life, and effective and affordable methods of family planning and fertility regulation (12). SRH is a fundamental issue for all women, affecting them across all stages of life. Despite this, women's health has only recently become a priority on the health agenda, with the Australian Government announcing $1,800,000 in research funding to improve women's health in 2018. Irrespective, to date, many women still fall through the cracks of healthcare, particularly in areas of socioeconomic disadvantage or with a high proportion of migrants – issues both pertinent to Western Sydney.

There are numerous factors which impact upon women's SRH. SRH is influenced by chronic illness, affecting women across the lifespan, including complications of pregnancy and childbirth affecting women of childbearing age (13, 14) (Figure 2). Suburbs of WS experience higher rates of mortality due to chronic disease compared to other areas in the Sydney region and higher rates of premature death due to cancer (15).

The cost of SRH conditions illness burden is significant. Endometriosis, affects at least 5% of the population worldwide and carries a greater economic burden per person than diabetes (16). One in five women in Australia have experienced sexual violence (17), with this number thought to be even higher in WS. NSW has the highest reported rate of sexual assault in Australia, with the most victims per capita at 1253 per 100,000, a 25% increase since 2010 (18). Of the five areas with the highest reported increase in reports of sexual assault, three are in WS (Westmead, Penrith and Kings Langley). Sexual violence can have ongoing effects on physical and mental health, with these costs to health potentially also extending beyond the woman herself to her family, children and her community (19). Psychological distress associated with the reproductive cycle, including premenstrual distress, perinatal depression and menopausal difficulties, are a major factor in the 2:1 ratio of women to men in diagnoses of anxiety and depression (20).

UNDERSTANDING SERVICE UPTAKE AMONG WOMEN IN WESTERN SYDNEY

The utilisation of SRH services has been associated with positive mental health outcomes, greater quality of life and sexual well-being among women (21). However, these health services are not accessed equally among groups of women due to individual and systemic challenges. For example, marginalised women including low SES, Indigenous, CALD and GSD women are less likely to access and utilise SRH care services. Women from certain CALD groups are also much less likely to disclose domestic violence (22) or mental health issues (23) during pregnancy. Consequently, women are less likely to access support or obtain adequate information for informed decision-making, associated with good SRH outcomes, and are less likely to know about, and participate in, preventative health strategies, including contraception use to prevent unintended pregnancy (24). Access to breast and cervical cancer screening is sub-

optimal among marginalised women (25). In 2015-2016, only 49.9% of women from the WS Primary Health Network region participated in cervical screening (26). Cervical screening rates among CALD women, another group over represented in WS are also low, how low is unclear however, given inconsistencies in recording of country of birth in primary care.

This can lead to even greater vulnerability to physical and mental health and SRH difficulties experienced by marginalised populations, including CALD, Aboriginal and Torres Strait Islander, GSD, and women of low socioeconomic status (2). Several of these groups are over represented in WS. Understanding the subjective experience of SRH and barriers to care is central to increasing health literacy, thus facilitating women in being able to take control of their own health through informed health decision-making, seeking appropriate and timely care and managing the processes of illness and wellness.

INVESTMENT IN WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

Evidence suggests investing in women's SRH is cost effective, and has the capacity to improve health of all and with strong impacts on the economy (11). Direct health impacts, like prevention of sexual and reproductive cancer deaths and reduction in negative child and maternal health outcomes, are relatively easy to identify. However, there are also significant indirect personal, family and societal consequences of the impact of women's SRH, including decreased economic growth and social equity. Australia would greatly benefit from increased investment in women's health, as evidence suggests that investment in SRH can minimise future costs to the health system. For example, abortion costs due to unwanted pregnancies in Australia are substantial, and are a financial strain for many women as well as the health system (27).

Research demonstrates that the burden of disease attributed to poor SRH is preventable (28). Women's SRH should be integrated into other population wide initiatives for improved effectiveness. Complications associated with diabetes have implications for women during pregnancy, at menopause and for women's sexual functioning, yet most diabetes prevention initiatives do not include discussion of sexual health (29). Similarly, there is little recognition of the impact of mental health issues that may be contributing to development of gestational diabetes (23). Equally, changes to sexual health and fertility, a common consequence of cancer treatment, are rarely discussed by oncology clinicians in their interactions with patients (30), with CALD and GSD women the least likely to be given sexual health information after cancer (31).

Lack of responsiveness towards women's SRH issues in the health system also adds to the overall cost of addressing this issue. Women may seek help repeatedly for a health condition without receiving effective treatment. For example, obtaining an endometriosis diagnosis can take up to seven years in Australia (32). Further, reluctance to discuss sexuality openly and honestly increases health costs, limits the effectiveness of health promotion initiatives and sexuality or sexual health education (33).

2. CHANGING OUR THINKING:

EVOLVING THEORETICAL PERSPECTIVES ON WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

SOCIAL DETERMINANTS OF HEALTH: AN ISSUE OF SOCIAL JUSTICE

Social determinants of health include the conditions in which people are born, grow, live and work (34). According to the WHO two groups of determinants have been defined: structural – including gender, income, education, occupation and ethnicity, and intermediate determinants – including material circumstances (i.e. home and work), psychosocial factors and behavioural factors (35) (Figure 3). There is also increasing knowledge about epigenetic influences on health outcomes for women (36).

To address disparities in women's SRH, it is critical to draw on a social determinants lens. By doing so, programs are able to address fundamental barriers to health care access and utilisation, and inequities in health outcomes (37). For example, a recent population-based study in Australia has found women who experience socioeconomic disadvantage or live in a rural area are significantly more likely to experience an unintended pregnancy (38). Health policy and service initiatives should prioritise prevention of unintended pregnancy through the reduction of social and geographic inequalities for women living in rural areas. Similarly, the physical and social environments homeless women have to navigate has a profound impact on their SRH. Homelessness among women is strongly related to lowered financial security (particularly older women becoming homeless for the first time or young single mothers) and experiences of domestic violence that result in women fleeing their homes (39). Once homeless, women continue to experience an increased risk of sexual violence and may engage in survival sex (40); are at greater risk of sexually transmitted infections and unintended pregnancy due to barriers in accessing effective contraception; and experience difficulty maintaining their hygiene during menstruation (41). They also face difficulties accessing SRH services because of discrimination against their homeless state (41). By addressing increasing rates of homelessness amongst women, it is likely this will also impact on their SRH and wellbeing more broadly. Improving access to services and the resources to manage SRH, as well as ensuring safety from violence, are imperative to improving the SRH of women experiencing homelessness. However, addressing homelessness directly would be the ultimate answer to improving the SRH of homeless women.

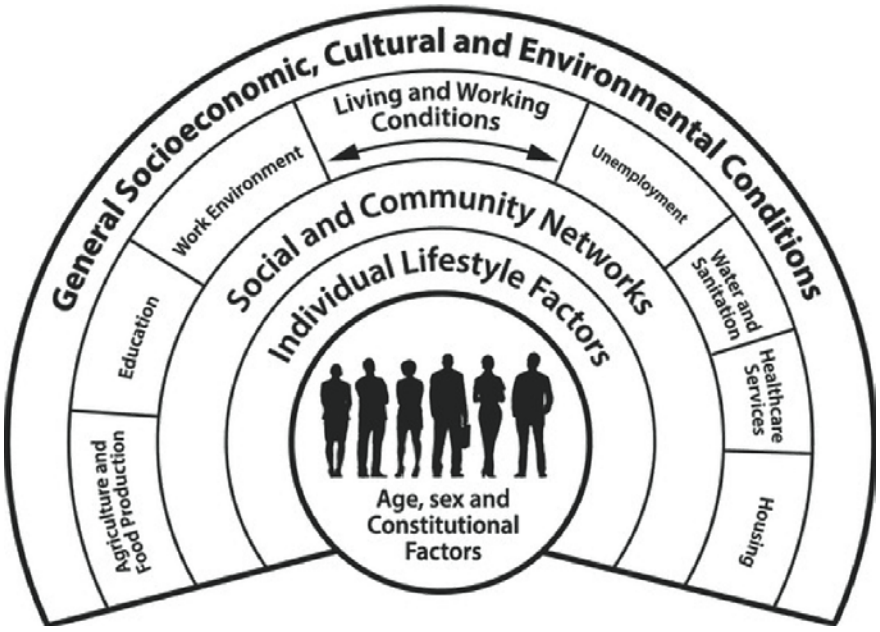


FIGURE 3: Social determinants of health model

Dahlgran, G & Whitehead, M *Policies and strategies to promote social equity in health* (1991)

Addressing health inequities with a social determinants lens is also a social justice matter, which refers to concepts of fairness and respect for dignity of people, underpinned by human rights. Focusing on inequality, particularly for those women who experience extreme disadvantage, such as Aboriginal and Torres Strait Islander, homeless women, CALD or GSD women, is central to improving the health and wellbeing of women and is likely to have positive economic and social impacts for all. Given the inextricable links between health and social determinants, there is increasing recognition that a rights-based approach is essential in ensuring that communities achieve optimal SRH. A rights-based theoretical framework to health recognises women as the experts in their own lives (11) and draws on WHO definitions of sexual health and reproductive health (12), as outlined above. Increasing evidence suggests that a social approach to women's health is critical across all aspects of women's SRH, particularly in relation to the models of care women receive (42).

INTERSECTIONALITY

To address issues of SRH within a social justice and rights perspective, it is critical that an intersectional perspective is utilised. Such a perspective strives to understand "what is created and experienced at the intersection of two or more axes" (9); it demands analyses that do not focus on gender alone, but contextualises women in their diverse sociocultural settings by simultaneously taking into account other forms of social difference such as race, culture, age, religion, social class, sexuality diversity, and ability (43). Intersectionality has a strong social justice lens and recognises that analyses of single determinants independently, such as gender, are insufficient, as differing social positions and identities are experienced simultaneously. An intersectional framework focuses on how the intersecting and interlinking nature of different social locations and power relations shape systems of oppression and discrimination, such as racism, ageism, ableism, transphobia and homophobia. Applying this theoretical lens to understanding women's SRH and barriers to health care allows us to examine the complexity of the experiences of women across a range of cultural, age, and religious groups, including women who are able bodied and disabled, those who are cis-gendered and heterosexual and those who are sexuality or gender diverse.

3. WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH:
WHAT RESEARCH AT WESTERN HAS IDENTIFIED

Research undertaken at Western on women's SRH has had significant impact. We utilise a variety of research methods and have expertise across a number of qualitative and quantitative methodologies (Box 1). In the past, researchers at Western have used study findings to develop resources such as the cancer and sexuality, as well as cancer and fertility Cancer Council Books, Cancer Council patient information booklet for patients and carers, and a decision-making tool for complementary approaches for women using IVF (Appendices A, B, C, D & E). A number of our academics are expert advisors for Royal Commissions, NSW federations and The Royal Australian College of General Practitioners.

Research at Western has been translated to facilitate change in health policy and practice and contribute to the development of guidelines and frameworks surrounding key SRH issues. For example, research undertaken at Western has:

- → Agitated change in policy surrounding breast screening amongst women with disability. Breast Screen NSW now asks all women whether they have a physical disability and what their support needs are when making online appointments.
- → Been used to develop guidelines on sexuality and breast cancer for Cancer Australia.
- → Informed guidelines for women accessing termination of pregnancy in the Northern Territory and pre-conceptual guidelines on use of complementary health approaches for the Fertility Society of Australia.
- → Has been incorporated into the Children's Commissioners Report into children and young people's suicide ('Growing up Queer').
- → Utilised to develop guidelines for healthcare providers and community workers on the delivery of SRH education and services.
- → Informed training for GetHealthy NSW coaches on the needs of women with Polycystic Ovary Syndrome (PCOS).

QUANTITATIVE APPROACHES	QUALITATIVE APPROACHES
→ Clinical trials	→ Interviews & focus groups
→ Epidemiology	→ Ethnography
→ Surveys	→ Q Sort
→ Randomised controlled trials	→ Visual & arts based methods
→ Cost analyses	
→ Surveys	
Mixed methods	

TABLE 1: Research Methods Used by Western Women's Health Cluster

Research on women's sexual and reproductive health at Western is largely divided into four major topic areas. These include, menstruation, menopause and menstrual disorders; pregnancy, childbirth and motherhood experience; chronic illness and SRH; gendered violence (Figure 4). These main topics are underpinned by the crosscutting themes of marginalised women, intersectionality and by social determinants of health. In this next section we highlight key research projects that have been undertaken at Western in each of these five areas and elucidate significant findings. We also highlight current research or potential research in tables below each section.

FIGURE 4: Sexual and Reproductive Health Research at Western

MENSTRUATION, MENOPAUSE AND MENSTRUAL DISORDERS

Our research within this sphere has focused on the aetiology and treatment of disorders associated with menstruation and menopause. Within the NICM Health Research Institute, School of Nursing and Midwifery and Translational Research Institute, all housed at Western, part of our research particularly focusses on menstrual disorders, metabolic disorders, menopause, pregnancy and fertility. Clinical trial research on the use of non-pharmacological interventions, such as yoga, exercise and acupuncture, for endometriosis, pelvic pain, primary dysmenorrhea and Polycystic Ovary Syndrome (PCOS) explore possible adjuncts, or alternatives, for management of these chronic conditions. Past research we have conducted has found that women who use acupuncture treatment for primary dysmenorrhea experience improved symptom control and reduced pain; other factors contributing to these improvements may also include an increased sense of control and increased self-efficacy resulting from the self-care advice given during the clinical trial (44). Our qualitative research on PCOS indicates that living with PCOS appears to generate a significant degree of anxiety about the future, dissatisfaction with current treatment models, and loss of feminine identity, and that there are substantial gaps in timely diagnosis, information and support provision that need to be addressed.

Within the Translational Health Research Institute (THRI) and School of Medicine (SoM), research on premenstrual syndrome (PMS) has examined the psychosocial and relational factors associated with moderate-severe premenstrual distress (45), a health issue that affects up to 40% of women of reproductive age. We have used our findings to develop self-help (46), one-to-one (47), and couple based psychological therapies (48), that have been demonstrated to be more effective than standard pharmacological treatments for PMS in randomised controlled trials. As PMS can have a significant impact on women's wellbeing and intimate relationships, these innovative therapies promise to improve quality of life for women and their partners. We are currently examining the role of body dissatisfaction in the aetiology of women's premenstrual distress, an innovative study that has implications for the treatment of eating disorders and PMS.

We have significant expertise in menopause, with experience in running large multi-centre randomised controlled trials (RCT). This research demonstrates no specific benefits from acupuncture for menopausal symptoms though the improvements observed in control and intervention groups suggest that either menopausal symptoms resolve over time or improve due to the therapeutic relationship. Further, a large multi-centre RCT of acupuncture as an adjunct to IVF treatment found the treatment to be safe, although there were no significant improved reproductive outcomes. However, women describe supportive benefits from treatment whilst undergoing the rigors of such treatment. These findings have important implications for informed shared decision making between women and their care providers (49). We have also explored the psychosocial underpinnings of women's negotiation of menopause, through projects examining early menopause following cancer treatment (50, 51), the menopausal experience of CALD women (52), and the meaning of normal menopause at midlife (53). This research has implications for the development of preventative health information that can help women who experience distress associated with menopausal symptoms. It also serves to challenge negative cultural stereotypes about menopause, as we have found that midlife is a time of increased psychological wellbeing for many women. Current research is focusing on developing health information about menopause for CALD women and exploring the experience of post-menopausal women who are child-free by choice.

PREGNANCY, CHILDBIRTH AND THE MOTHERHOOD EXPERIENCE

At Western we host a vibrant, women's health collaborative research program that aims to improve health outcomes for women in pregnancy and birth, for infants and children, their parents and families through the early years. The Mother Infant & Family Health Research Network (The MIFam* Network) has a strong presence in Sydney's west, working with women, families, health and community groups as well as with national and international researchers. Our research embraces the diversity of cultures and groups and their experiences.

'Keeping birth normal' is a key policy platform within NSW Ministry of Health. Our research focuses on the facilitators and inhibitors of normal birth and on reducing unnecessary interventions and health complications in birth including a concerning number of women reporting birth trauma (54). This work also includes women who have poor health or medical complications in pregnancy such as gestational diabetes (23, 55), hypertensive disorders (56), or mental health problems (57), including as eating disorders (58) or physical health problems after birth, such as severe perineal trauma (59). One of our key programs of research has looked at the characteristics, trends, co-admissions and service needs of women admitted to residential parenting services in the year following giving birth in NSW. This study has found that how the way women are cared for throughout labour, birth and during the postnatal period significantly shapes how they experience early parenthood (57).

Other research at Western focuses on supporting women's social and emotional health in pregnancy and after birth. Researchers leading work in maternal mental health across Western have recently collaborated on preparing a paper raising concerns about high levels of maternal anxiety reported by new mothers and the group have set an ambitious agenda to transform the current stigmatizing narratives of the 'good mother' and to increase support for mothers (60). Our work in this area includes improving the way that psychosocial assessment and depression screening is conducted and strengthening the service referral pathways (61). We are currently examining the response of women from CALD backgrounds to these routine assessments in pregnancy and after birth, and we are investigating care pathways for women with complex mental health and social issues including women who experience postnatal psychosis. In a recent study undertaken at Western, researchers found that while women with low and moderate-high levels of psychosocial risk access universal postnatal health services, such as child and family health nurses or general practitioners for mental health, there is limited use of specialist mental health services by women with moderate to high risk of mental health problems (62). This has significant implications for the health and wellbeing of mothers as they are not accessing services that could effectively support women through mental health difficulties in the perinatal period.

The complex needs of women during pregnancy and motherhood in association with other chronic diseases have also been investigated by researchers at Western, with several researchers currently conducting research into women's experiences of motherhood while living with chronic physical health conditions. A recent pilot study, funded by Arthritis Australia, that examined women's experiences of motherhood while living with rheumatoid arthritis, has just been recently completed (63). This project identified a number of outstanding areas of concern and unmet need for women that could be addressed by healthcare practitioners and community organisations. In particular, addressing women's feelings of failure as a mother, and encouraging greater access to social support to alleviate burden and enhance women's wellbeing. This work has significant implications for the wellbeing of women living with chronic physical health conditions and their families.

CHRONIC CONDITIONS AND FACTORS RELATED TO POOR SEXUAL AND REPRODUCTIVE HEALTH

Chronic conditions can both cause and exacerbate SRH. Research into chronic disease in the context of SRH is comprehensive at Western and has a strong focus on the behavioural factors associated with the poor SRH health, such as smoking, among women in WS. A particular strength of researchers from the Translational Health Research Institute (THRI) at Western is our research on preventative health behaviours and health service research, undertaken in partnership with a number of local organisations. These research studies have examined cervical and breast screening access barriers among CALD and obese women living in WS (25, 64). Interventions based on recommendations from these projects are currently being developed to address these factors in close partnership with key stakeholders by the researchers.

Other research investigating CALD women's SRH, particularly in relation to cancer, has focused on the development of community partnerships to improve the quality of life among women with breast cancer (65); to investigate the emotional distress and unmet supportive care needs in women with cancer (66); exploration of decision-making amongst

CALD women with breast cancer (67), exploration of barriers for accessing cancer support services among CALD women with breast cancer and examination of barriers to cancer screening for CALD women (25). All of these projects have significant implications for development of culturally sensitive cancer survivorship care.

The subjective experience of SRH following a cancer diagnosis and treatment have also been examined by researchers at Western. This research has established that the fear of infertility following cancer, or knowledge of compromised fertility, can have negative effects on identity and psychological wellbeing for women (68). This research emphasises the need for support from family, partners and health care professionals to facilitate renegotiation of identity and coping after treatment for cancer (69). This body of research also includes multiple studies on the effects of a cancer diagnosis on women's sexual well-being and intimacy (70-73). The findings from this research highlight that cancer can be seen to disrupt normalised discourses of femininity and sexuality, with implications for how women practice and make meaning of their sexuality. Reductions in sexual functioning after cancer, across cancer types, is also reported by both women with cancer and partners. This research program has led to the development of a number of resources, developed in conjunction with the Cancer Council, and distributed nationally to cancer survivors, to support individuals to address fertility concerns and to alleviate sexual difficulties and facilitate sexual renegotiation, following their cancer diagnosis (74). A recently awarded ARC Linkage project is developing this research further, through looking at the experiences of GSD women, as part of a broader project on LGBTI cancer survivorship.

GENDERED VIOLENCE

Violence against women and girls remains a major contributor to the burden of disease amongst women, and a risk factor for multiple negative health outcomes and psychosocial conditions. Research into gendered violence at Western particularly focuses on the accumulation and complexity of violence across women's lifespans in diverse contexts. Complex trauma describes severe, cumulative experiences of physical and sexual victimisation and its sequelae, including trauma-related mental illness. Diverse and intersectional experiences of complex trauma are not well recognised across mental health practice or related fields, leading to inconsistent, inappropriate and sometimes re-victimising treatment. At the policy level, complex trauma overlaps with, but is not comprehensively addressed by, frameworks on violence against women and mental health, which contributes to the fragmented response to complex trauma.

Drawing on interviews with women with complex trauma and service providers, a current study at Western is examining the needs of women who have been victimised multiple times often beginning in childhood, and how complex trauma is understood and responded to across service contexts, including health, welfare and justice agencies. Preliminary findings of the study suggest that terms such as 'trauma' and 'complex trauma' are subject to disparate definitions and are often not part of the vocabularies of women as they seek to articulate experiences of emotional pain and recovery following violence. At the state and national level, the unique presentations of multiply victimised women are poorly addressed in policy documentation and frameworks in mental health or violence against women, suggesting the need for a comprehensive and coordinated approach to trauma-informed care.

Researchers from Sexualities and Genders Research initiative (SaGR), are currently undertaking partnership research with the Great Lakes Association for Peace and Development International, a non-government organisation for refugee and migrant communities from the Great Lakes region of Africa. The research project is focused on experiences and attitudes to domestic violence among community members and key stakeholders within the Great Lakes communities of Western Sydney. Preliminary findings indicate a strong preference to manage domestic violence within the community. Based on these findings, the research team is interested in building community capacity to provide support, care and protection to women experiencing violence in refugee and minority communities while also facilitating culturally safe and sensitive health service provision and law enforcement involvement where necessary.

Due to perceived stigma and discrimination, transgender women are at considerable risk of sexual violence leading to poor physical health and emotional burdens, however, knowledge about sexual violence experienced by transgender women is limited. Researchers from the School of Science and Health and THRI are leading the national study "Crossing the Line: Lived Experience of Sexual Violence among Transwomen from Culturally and Linguistically Diverse (CALD) Backgrounds in Australia" as transwomen from CALD backgrounds face additional challenges to those experienced by transgender persons generally. In our increasingly multicultural society, it is crucial that the voices and experiences of these women be heard in order to inform the development of responsive health policies and practices to optimise the well-being of this group.

SEXUAL AND REPRODUCTIVE HEALTH OF MARGINALISED WOMEN

While many women face challenges in relation to their SRH, some women face far greater health inequalities highlighting the focus of much of our research at Western – marginalised women. The suburbs of WS have higher rates of people with disabilities than the NSW average (75). Women with disability are some of the most marginalised in society and experience major difficulties accessing their sexual rights and having respectful intimate relationships. Previous research conducted at Western explored barriers and facilitators for women with disability accessing cervical and breast cancer screening. Findings from this study highlight the substantial environmental, structural and process barriers faced by women with physical disability in accessing breast and cervical cancer screening (76). In collaboration with the University of Wollongong, we have also explored general practice nurses' involvement in health screening of women with disability (77). This study identified educational needs and areas requiring practice change and provides the foundation for further and current work in interventions aimed at enhancing uptake rates of women's health screening within the general practice setting.

Many women with intellectual disability have had negative sexual experience and poor sexual health outcomes. In a recent study undertaken at Western, young adult women (and men) were asked what they knew about sexuality and relationships, and how they formed this knowledge (78). Young adult women told us that most had contraceptive implants to make menstruation easier for them and that many of the decisions about contraception were made by others. Many of the young adult women also did not feel that sex education at school was very helpful and that their mothers provided most information and advice, although many used the internet to do their own research. Further, the young adult women's narratives were about how to say "no" to sex, how to say safe and how to avoid getting pregnant. There was little talk about sex for pleasure and how to develop and maintain positive relationships. More accessible information about sexuality should be developed with ways to involve peers in learning about sexuality important.

The social discrimination and marginalisation, stemming from homophobia and transphobia, encountered by sexuality and gender diverse (LBTQ) girls, young women and adult women often results in issues impacting their health and wellbeing. The Growing Up Queer and You Learn From Each Other research projects conducted at Western, in conjunction with other partners, highlight that LBTQ girls and women frequently have negative experiences with health professionals, including general practitioners, impacting their choices to seek out health services for their physical and mental health needs. The lack of access to ongoing inclusive, comprehensive sexuality and sexual health education also impacts on their sexual health and wellbeing, with the Internet often becoming their core source of health information. More recently, researchers at Western have conducted pilot research into the social transitioning of transgender (female to male; and male to female) and gender diverse young people aged 7-12 years, based on their narratives and those of their parents. This study highlighted that there was generally a lack of knowledge amongst health professionals about gender dysphoria or being transgender; and young people lacked access to comprehensive, relevant sexuality and sexual health education. We are also exploring the experiences of transgender parents (79). The findings across all these research projects have critical implications for the ongoing SRH and wellbeing of lesbian, bisexual, transgender and queer identified women, and transgender and gender diverse children/young people.

CALD women are less likely to utilise sexual and reproductive healthcare services compared to native born women and consequently, are less likely to participate in preventative SRH measures. Using an intersectional framework, a recent study undertaken at Western found that shame, associated with silence and secrecy, was the dominant cultural and religious construction of women's SRH (80). This was evident in constructions of menstruation and menopause (81), sexuality, premarital virginity, sexual pain, desire, and consent (82) and absence of agency in fertility control and sexual health (24). Shame and secrecy were associated with limited knowledge and communication about SRH and had implications on women's health seeking behaviour. We also found that healthcare professionals reported a lack of knowledge regarding CALD women's SRH, which may impact on the quality of care they are able to offer these women (83).

WORKING TOGETHER TO ADDRESS ADDITIONAL GAPS IN KNOWLEDGE

While research at Western has made significant contributions to the SRH and wellbeing of women in WS, more can be done. There are a number of key areas for further understanding. It is critical that SRH issues among specific communities are addressed such as addressing health inequities and subjective experiences of SRH among Aboriginal or Torres Strait Islander women or the SRH of women and girls with intellectual and developmental disability,

Beyond these specific gaps, however, there is a broader gap of equity and access issues in women's SRH that we are now aiming to more comprehensively understand and address using a transdisciplinary and intersectoral approach. The overall aim of our women's health research cluster at Western is to draw together the breadth and depth of our methodologies and expertise, in partnership with the community and stakeholders, to advocate for policy change and service provision to enhance the SRH of marginalised women living in Western Sydney.

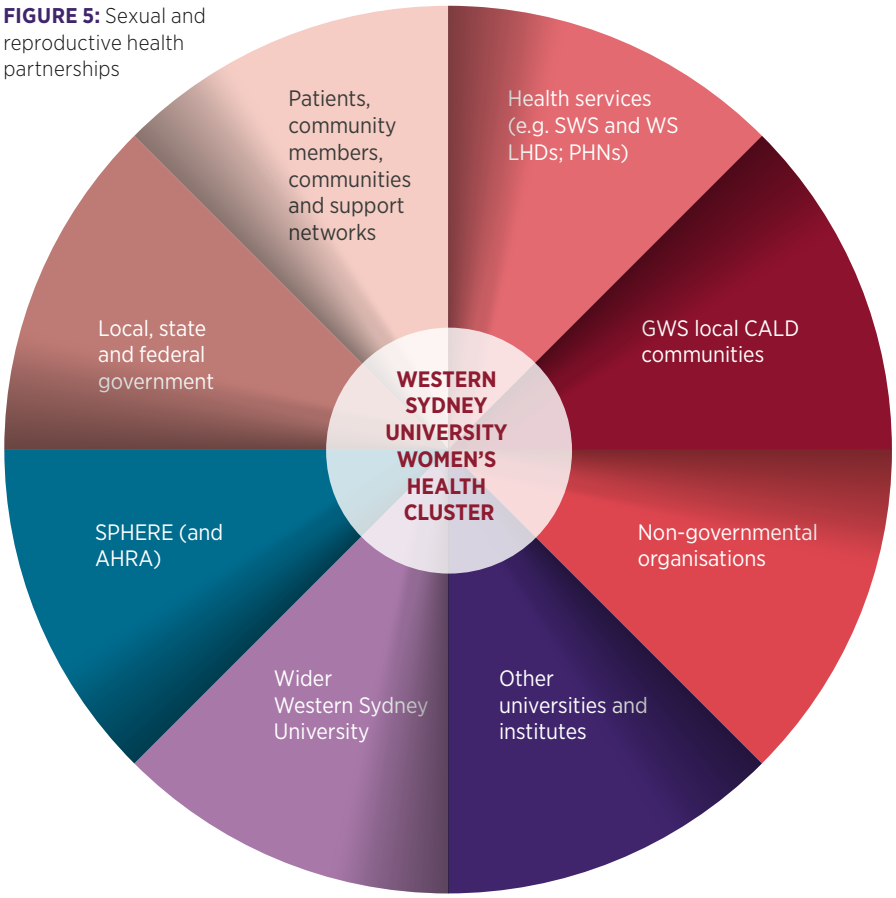
4. THE OPPORTUNITY WORKING TOGETHER FOR SYSTEMATIC CHANGE

THE ROLE OF STAKEHOLDERS

A core value of research at Western is the participation, collaboration and research co-design with women, community, women's SRH services and local and national stakeholders, within an iKT framework (84). Partnerships already exist with a range of organisations and communities (Figure 5).

Some of our current partnerships to address women's SRH are in Box 2 below (see Appendix F for more detail about current partnerships at Western). Western researchers are also members of WHITU – Women's Health Initiative Translational Unit, SWSLHD and represent SPHERE on the Australian Health Research Alliance (AHRA) National Women's Health Research, Translation and Impact Network.

FIGURE 5: Sexual and reproductive health partnerships



EXAMPLES OF CURRENT WESTERN PARTNERSHIPS ADDRESSING WOMEN'S SRH

- → Western and Sydney South Western Local Area Health Districts
- → Pelvic Pain Foundation
- → Endometriosis Australia
- → Penrith Women's Health Centre
- → Nepean Multicultural Access Centre
- → NSW Network of Women with Disability
- → Multicultural Disability Advocacy Association of NSW
- → Women with Disability Australia
- → Family Planning NSW
- → Community Migrant Resource Centre (CMRC)
- → The Gender Clinic at Royal Children's Hospital Melbourne
- → The Cancer Institute NSW
- → The Cancer Council NSW
- → Breast Cancer Network Australia
- → National Breast Cancer Foundation
- → CanTeen
- → ACON, the National Lesbian and Gay Health Alliance
- → Mission Australia
- → Karitane and Tresillian
- → GetHealthy NSW
- → IVF-Australia
- → The Cannaan Institute

TABLE 2: Examples of Western Women's Health Cluster Research Partners

As a part of an iKT and intersectional approach, it is important that scholars work alongside a variety of partners and community representatives to undertake research that ensures the possibility of translational outcomes that are meaningful for the SRH of women from our community, as well as health care professionals or other community members working in this sphere (9). While there is already a large amount of collaboration in place, with a range of organisations and communities, we welcome new collaborations that aim to improve women's SRH and encourage interested partners and stakeholders to contact us.

OUR TRANSDISCIPLINARY APPROACH

In addition to key collaborations with research partners and stakeholders, at Western we also work across research disciplines within the University to form transdisciplinary research teams to tackle issues of women's SRH. This approach provides theoretical and methodological plurality by engaging a broad range of perspectives and expertise. Such approach also facilitates the linking of diverse research paradigms, such as psychological and sociocultural understandings of health, combined with biomedical and epidemiological expertise, which aids in the development of sustainable and meaningful interventions.

The development of this White Paper has brought together researchers across disciplines, future research and interventions will continue to build on this transdisciplinary approach, including engagement with key stakeholders and community leadership to form intersectional research teams that can comprehensively address health issues in an integrated manner.

5. FUTURE DIRECTIONS

While SRH researchers at Western have a shared vision of social justice and equality, there is further work to be done. Two major themes and priority areas that thread throughout women's SRH research at Western are the marginalisation of women, particularly those from diverse backgrounds, leading to a lack of health literacy across SRH issues, and the need for further research that impacts on SRH policy and practice. These themes and priority areas align with those of both the Australian National Women's Health Strategy 2020-2030 and the National Women's Health Research, Translation and Impact Network (AHRA WHN). In this vein, the future priority areas that we will collaborate together to address, as a SRH health cluster are:

1. To increase access to services by reducing stigma and marginalisation, promoting culturally sensitive care and increasing women's SRH literacy.
2. To maintain a sustained program of knowledge translation, using a range of methods, to ensure that our existing findings and ongoing research have impact and direct outcomes in terms of influencing policy and practice, encouraging women's participation, and supporting women's health.

Some of the key approaches we will adopt to achieve address these priority areas include:

A SOCIAL DETERMINANTS LENS TO WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH

Women's lives are:

1. Multi-dimensional
2. Complex
3. Their lived realities are shaped by many different factors or 'determinants'
4. These determinants operate together to shape health and wellbeing

When exploring issues in women's SRH it is therefore critical that an intersectional framework, embedded within a social determinants approach, should be at the forefront of research projects, interventions or policy, as noted above. We will use this approach to advocate for and influence appropriate responses both within the mainstream health care system and women's specialist women's health services. For example, considering how cultural background and socio-economic status may impact on women's health literacy has considerable potential for deciphering barriers to health knowledge, health prevention activities and access to services across a spectrum of SRH issues. This will allow us, as a cohesive team, to develop interventions that are specific to the needs of women from marginalised backgrounds. These interventions will allow us to address health literacy across topics, such as menstrual health and cervical screening. Where necessary, a social determinant lens will be used to promote systemic change beyond the healthcare system, including in related fields such as policing responses to gendered violence.

RESEARCH TRANSLATION AND DISSEMINATION

The Western Sydney University women's health cluster is unique in its approach to research translation and dissemination. Wherever possible, we work with service users, consumers, community stakeholders and partners from the outset using co-design our research. We also use novel approaches to disseminate our research, as getting the message "out there" is also a key component of integrated knowledge translation (iKT). While academic dissemination is important, it is critical we identify and respond to health issues of women in WS and disseminate this knowledge more broadly to inform public, health service providers, local stakeholders, community, and policy makers. For example, we work with the media such as radio and community advertising, and social media, as this is a particularly important approach to engaging with the public more and facilitating their knowledge about what is happening in their community. We are also involved in the development of innovative arts-based methods of dissemination, such as the Mockingbird theatre production, which explored perinatal depression.

Research translation includes the provision of training and support to research partners and stakeholders in the application of research into practice. The participation of our academics on advisory boards and committees also facilitates research uptake by policy makers, services and non-government organisations. Diversifying our research outputs to provide accessible research findings and evidence-based guidelines, via a planned dissemination strategy, builds impact and improvements. Similarly, evaluation of translational outcomes, as a part of implementation science, is crucial to ensure what happens in an academic field has real impact on women in WS.

ADVOCACY AND EMPOWERMENT

Making women's health a priority through advocacy and women's empowerment is critical to the address women's SRH. Advocacy by strong supporters of women's health, including Western's women's health cluster, is central to putting women's SRH higher on the health agenda. Advocacy for women's health is also critical to engage with funders who can support research that addresses SRH issues that have significant impacts on women's health and quality of life. Strategies for advocacy and empowerment include the utilisation of research methodologies that centre women's diverse needs and experiences, the promotion of research findings in a way that expands the opportunities available to women, and partnership approaches that build the capacity of the communities, services and agencies who work with us.

6. OUTCOMES:
IMPACTING HEALTH AND WELLBEING OF WOMEN IN WESTERN SYDNEY

Recognised by the National Women's Health Strategy 2020-2030 and as the individual priority areas of reproductive health, sexual health and maternal health by the AHRA WHN, SRH is an important public health issue and if ignored, can have consequences beyond ill health for women alone. Achieving sustainable results for women's SRH means addressing the linkage between women's health and the social determinants that impact on women's ability to control their own health and health experiences, including health inequity, across the lifespan. Transforming the SRH of women in WS is an ongoing project that requires short, medium and long-term goals:

Western's immediate short-term outcomes (1–3 years)

- → Increase media communication regarding women's SRH in WS, by maintaining regular interactions within the women's health cluster to identify relevant research outputs to disseminate in conjunction with Western's media office
- → Increase our social media profile by creating a Western women's health cluster Twitter account to promote our research as well as strategies to prioritise and advocate for women and their SRH
- → Articulate and publicise inequities and significant barriers to SRH services experienced by marginalised women, including CALD, GSD, women with disability, Aboriginal and Torres Islander Strait women and homeless women via social media, mainstream media and academics outputs
- → Engage consumer and stakeholders representatives to either co-design our research (where appropriate) or to represent the voice of the target group (where co-design is not an appropriate strategy)
- → Robustly evaluate our research interventions that address barriers to SRH healthcare amongst marginalised groups of women in WS
- → Make an increased effort to hear the voices of women who are underrepresented, such as homeless women, women with disability and Aboriginal and Torres Islander Strait women using novel research approaches, such as participatory research

Western's Impact in the medium term (3–5 years)

- → Conduct pilot studies evaluating co-designed interventions in a broader number of settings e.g. primary care, tertiary care, community-based services to assess ability to translation and sustainability
- → Contribute to policy and practice that systematically address barriers to SRH healthcare amongst women in WS
- → Increase SRH health literacy of women in WS, and their communities, particularly around topics such as preventative cancer screening, menstrual health and sexual health
- → Optimising community lead programs that address fundamental barriers to SRH and health literacy among women and their families in WS

Western's Long-term objectives (5–10 years)

- → Translation of effective interventions surrounding barriers to women's SRH (e.g. breast/cervical screening, domestic violence screening, complementary medicine treatments) to a larger scale to services in WS
- → Improve social factors that significantly impact on women's sexual and reproductive health, including homelessness and reducing rates of domestic and physical violence perpetrated against women
- → Ensure health systems are culturally sensitive and are responsive to the needs of women from a range of backgrounds, reducing marginalisation and stigmatisation, including racism, sexism, ageism, homophobia and transphobia

Impacting on women's SRH in WS means advocating for policy change to address the fundamental barriers to health through embedding research and evaluation into all programs that are aimed to address the needs of women in this sphere. We must continue to generate knowledge surrounding women's experiences of SRH using an intersectional approach to capture the complexity of women's SRH health ensure all women, but particularly marginalised women's needs are addressed.

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APPENDIX A:

WESTERN RESEARCH EXPLORING WOMEN'S CONSTRUCTIONS AND EXPERIENCES OF PREGNANCY, CHILDBIRTH AND THE MOTHERHOOD EXPERIENCE

CURRENT AND POTENTIAL PROJECTS	LEADER/TEAM
→ Community initiatives to support mothers with young children including support for breastfeeding. → Understanding if standard screening and assessment processes used to assess psychological and mental health in pregnancy are relevant for CALD women. → Mapping women's journey through reproductive health services to identify where there are gaps in service access and solutions to address these.	Professor Virginia Schmied Dr Elaine Burns
→ Epigenetic influence and impact on childbirth (EPIIC) – a new international collaboration (Australia, UK and USA) dedicated to studying how common interventions and environmental factors around the time of birth may have an epigenetic impact on the mother and child. → Analysis of linked data to determine the rate of maternal and neonatal morbidity associated with commonly performed pregnancy and birth interventions (eight studies). → Characteristics, trends, co-admissions and service needs of women admitted to residential parenting services in the year following giving birth in NSW (ARC linkage).	Professor Hannah Dahlen
→ Maternal feeding practices surrounding ready-to-use squeezable complementary food pouches and introduction of complementary feed. → Exploring the construct of mothering when applied to breastfeeding initiation and longevity. → The power of social media as a social network learning platform on infant feeding decisions for mothers.	Dr Catharine Fleming Dr Kate McBride
→ The evaluation of complementary health approaches to reduce pain during labour: Randomised controlled trials, Cochrane systematic reviews and WHO guidelines.	Professor Caroline Smith

APPENDIX B:

WESTERN RESEARCH EXPLORING CHRONIC CONDITIONS AND FACTORS RELATED TO POOR SEXUAL AND REPRODUCTIVE HEALTH

CURRENT AND POTENTIAL PROJECTS	LEADER/TEAM
→ Understanding ways to best support LGBTI women with cancer.	Professor Jane Ussher Professor Janette Perz Professor Kerry Robinson Dr Chloe Parton
→ Exploration of CALD women's experiences of breast cancer.	Professor Pranee Liamputtong
→ Understanding women's knowledge about the recent new cervical screen recommendations and possible nuances in screening associated with their own history. → Community lead interventions to help CALD women access cancer screening. → Development and evaluation of interventions to increase cancer screening among obese women. → Primary care mobilisation and education to support preventative health in women from marginalised populations.	Dr Kate McBride
→ Exploring young women smoker's construction, experience, and negotiation of the plain tobacco packaging mandate in Australia.	Dr Emilee Gilbert
→ Weight gain after breast cancer: understanding prevalence, management, and risk factors from a national survey.	Dr Carolyn Ee
→ CALD women's support needs during breast and gynaecological cancer.	Dr Cannas Kwok

APPENDIX C:

WESTERN RESEARCH UNDERSTANDING GENDERED VIOLENCE AGAINST WOMEN

CURRENT AND POTENTIAL PROJECTS	LEADER/TEAM
→ National study "Constructions of complex trauma and implications for women's wellbeing and safety from violence".	A/Professor Michael Salter Dr Elizabeth Conroy Professor Jane Ussher
→ Domestic violence and communication technology: Victim experiences of intrusion, surveillance, and identity theft.	A/Professor Michael Salter
→ Crossing the Line: Lived Experience of Sexual Violence among Transwomen from Culturally and Linguistically Diverse (CALD) Backgrounds in Australia.	Professor Pranee Liamputtong Professor Jane Ussher Professor Janette Perz Professor Virginia Schmied Dr Tinashe Dune Dr Brahm Marjardi Dr Eloise Brook
→ The social construction and response to domestic violence in the Great Lakes communities of Sydney.	Professor Kerry Robinson Dr Michael Salter
→ Exploring opportunities to engage in 'real-life' problems and engage with the broader community and health services to enhance community awareness and provide tailored approaches to women experiencing abuse.	A/Professor Virginia Stulz Dr Lyn Francis
→ Exploring how women experience and cope with sexual violence following migration.	Professor Pranee Liamputtong
→ Living a transgender life: The lived experience, health and well-being among transgender individuals in Sydney.	Professor Pranee Liamputtong Dr Eloise Brook

APPENDIX D:

UNDERSTANDING THE COMPLEXITY OF SEXUAL AND REPRODUCTIVE HEALTH AMONG MARGINALISED WOMEN

CURRENT AND POTENTIAL PROJECTS	LEADER/TEAM
→ Understanding the needs of primary health care facilities in terms of education about women with physical disability and cancer screening. → Exploring ways to assist women with disability to become empowered to access and negotiate their care during cancer screening.	A/Professor Kath Peters Kate O'Reilly
→ Exploring experiences of menstruation and fertility among homeless woman.	Dr Elizabeth Conroy Professor Jane Ussher Amy Dryden
→ Exploring strategies to increase knowledge about SRH in CALD communities around topics such as cervical screening and contraception.	Professor Jane Ussher Professor Janette Perz Dr Alexandra Hawkey
→ Improving sexuality and sexual health literacy in schooling.	Professor Kerry Robinson
→ Understanding how women from recent CALD communities experience motherhood and parenting.	Professor Pranee Liamputtong Professor Virginia Schmied Professor Hannah Dahlen
→ Understanding African women's use of traditional medicine in relation to maternal and reproductive health.	Professor Caroline Smith Dr Tinashe Dune Zewdneh Sabe
→ Exploring transgender identity in children and adolescents: perspectives of children, parents, clinicians and teachers.	Professor Kerry Robinson Professor Jane Ussher
→ Exploring experiences of transgender parents.	Rosie Charter Professor Jane Ussher Professor Janette Perz Professor Kerry Robinson
→ Understanding how young women (and men) with intellectual and developmental disability learn about sexual health and to develop a healthy sexuality.	Dr Nathan J Wilson

APPENDIX E:

MAJOR SEXUAL AND REPRODUCTIVE HEALTH PARTNERSHIPS AT WESTERN

- Western researchers are members of WHITU – Women's Health Initiative Translational Unit, SWSLHD.
- Western researchers represent SPHERE on the Australian Health Research Alliance (AHRA) National Women's Health Research, Translation and Impact Network.
- Local health districts such Western Sydney and South Western Sydney, Westmead, Blacktown, Liverpool and Campbelltown hospitals, have partnered with researchers across a range of topic areas including preventative screening and pregnancy.
- Western has collaborated with Primary Health Networks, such as Nepean and Blue Mountains, to work across a spectrum of projects including research on breast and cervical screening.
- Pelvic Pain Foundation of Australia and Endometriosis Australia have partnered with researchers at Western to investigate issues surrounding chronic pelvic pain and endometriosis.
- Penrith Women's Health Centre have been a central partner to investigate cervical cancer in CALD communities.
- NSW Network of Women with Disability, Multicultural Disability Advocacy Association of NSW and Women with Disability Australia partnered with Western to better understand how women with disability experience preventative screening.
- Family Planning NSW has been involved with research at Western looking at issues surrounding menstruation, premenstrual distress, cervical screening, concurrent use with complementary health approaches and CALD women's SRH.
- The Community Migrant Resource Centre (CMRC) were a major partner in a recent study looking at the SRH experiences of newly arrived CALD women.
- The Gender Clinic at Royal Children's Hospital Melbourne has been a significant partner across research studies looking at social discrimination and marginalization encountered by sexuality and gender diverse (LBTQ) girls and women.
- The Cancer Institute NSW, Multicultural and Primary Health Networks have played significant roles in preventative screening research particularly amongst CALD and obese women.
- The Cancer Council NSW, Breast Cancer Network Australia, National Breast Cancer Foundation, CanTeen, Westmead Hospital and Nepean Hospital have collaborated on a series of projects on cancer and fertility, sexual changes after cancer and the experiences of cancer carers.
- ACON, the National Lesbian and Gay Health Alliance and Prince of Wales Hospital are collaborating with us, alongside the cancer partners noted above, on a study of LGBTI cancer.
- Mission Australia has partnered with researchers at Western to explore homelessness and housing instability among low-income families, including mothers with experiences of domestic violence or early parenthood.
- We partner with Karitane and Tresillian to address maternal mental health concerns.
- Centre for Perinatal Excellence – focus on perinatal mental health.
- The NHMRC Centre for Research Excellence in PCOS, GetHealthy NSW and IVF-Australia are partnering with NICM on clinical trial research on weight loss in PCOS.
- IVF units across Australia and New Zealand partnering with NICM for the acupuncture RCT and its translation into practice.
- The Cannaan Institute and the Trauma and Dissociation Unit at Belmont Hospital have facilitated our research on complex trauma.
- NSW Women's Legal Service and QLD Women's Legal Service are partners on our research into technologically-facilitated domestic violence.
- Breast Cancer Network Australia collaborated with NICM on piloting a national survey on weight gain after breast cancer.
- Family Planning NSW and Endometriosis Australia have been significant stakeholders in developing web-based resources for young women to improve their understanding and management of menstrual symptoms.

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