

# A project-based approach to improving services in reproductive and sexual health in rural areas

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## INTRODUCTION

Improving the health of rural, regional and remote Australians using a primary health care approach requires lateral and creative thinking and the grass roots involvement of communities in achieving the desired outcomes. This is considered even more important in attempts to provide reproductive and sexual health services given the sensitive nature of these issues. According to “Healthy Horizons, A framework for Improving the Health of Rural, Regional and Remote Australians”, primary health care is focused on keeping healthy people healthy, improving the health of the community and responding to individuals who need treatment and care.<sup>1</sup>

The provision of, and access to all health services, including specialised services, are vital to the principles of equity that underpin Australian society.<sup>2</sup> As one remote area woman consumer commented regarding the provision of a Women’s Health program “Some service and choice is better than none at all”.<sup>3</sup> This statement highlights the desire of women in remote areas to have access to alternate services, particularly those with a focus on their particular needs. Even a service limited to a session once a month is preferable to no choice in service provision.

Access to confidential and private clinical services has been identified as an important issue in rural communities where people often have a social or working relationship with their doctor and may be uncomfortable discussing intimate issues.<sup>3</sup> Confidentiality, privacy and judgemental attitudes.<sup>4,5,6,7</sup> make it difficult for young people in particular to seek advice and access to contraception. There is abundant evidence that rural communities require information and education on reproductive and sexual health matters that is easily accessible and appropriate.<sup>8,9,10</sup> Interestingly in the rural community consultations conducted by FPA Health on the barriers to women seeking reproductive and sexual health care, the gender of the provider was not a critical issue. What was important was that there was accurate, respectful and confidential advice and care available.<sup>6</sup> Homophobia and the resulting distress and possible risk taking behaviour of those with gender identity issues are of critical importance in rural and remote areas.<sup>11</sup> Research also recognises a need for education for rural men in general on reproductive and sexual health issues.<sup>12</sup> In terms of community needs there is also the important aspect of capacity building for service providers.<sup>13,14</sup> and for the service providers themselves access to appropriate education activities and a “mix” of training options.<sup>13,14</sup>



## IDENTIFIED COMMUNITY REPRODUCTIVE AND SEXUAL HEALTH NEEDS

FPA Health is a practice-based leader in reproductive and sexual health, whose primary goal is improving access to a range of reproductive and sexual health services for people who live in regional, rural and remote areas in NSW. In 2001 the organisation conducted a reproductive and sexual health needs assessment of the Macquarie area.<sup>6</sup> This included a series of community consultations with students, adolescent mothers, men, middle aged women in isolated communities and Indigenous men and women. In addition to the community consultations, extensive semi-structured interviews with local service providers were conducted which provided valuable insights into community needs.

The community identified education for young people around sex, pregnancy and sexually transmissible infections (STIs), education for men and services and education for Indigenous people in all aspects of reproductive and sexual health as areas requiring attention. These were considered areas where FPA Health could make an impact.

### METHODOLOGY: A PROJECT-BASED APPROACH

FPA Health has adopted a project-base methodology in its work. This is in keeping with the organisation's goal to achieve measurable outcomes. A project-based approach requires that each activity:

- has a definite beginning and a definite end;
- produces a product or service which is different in some distinguishable way from similar products and services;
- needs to meet specific requirements for performance, time, cost and quality;
- uses resources for the finite time of the project, which will be reallocated at the conclusion of the project;
- follows a planned, systematic and organised approach; and
- usually involves a team of people working towards the one goal – the project team.<sup>15</sup>

The activities are planned with the primary and secondary outcomes defined prior to commencement of the project. Risks and constraints are anticipated and wherever possible managed in advance. Costs and resources are appropriately allocated to the project and an evaluation plan is pre-determined. Documentation is integral and specified reporting dates are a vital part of the process. All FPA Health staff have undertaken project management training and a standard project scoping and reporting process is uniformly implemented throughout the organisation.



## PROJECT ACTIVITIES

The rural activities of FPA Health can be seen as a series of linked projects, which require constant assessment of the need for the service, its effectiveness and identification of potential new activities. The ongoing reassessment process is grounded in community, and the opportunity for community knowledge and know-how to inform the project, is ever present.

State-wide and national projects include:

- FPA Healthline, which is a telephone information line staffed by practice-based nurses for the cost of a local telephone call (1300 65 88 86) and which services NSW and the Northern Territory; and
- FPA Healthweb, which is FPA Health's website and includes an email question and answer section updated regularly ([www.fpahealth.org.au](http://www.fpahealth.org.au)).

Recent rural projects that have been undertaken include:

- Indigenous women's sexual and reproductive health project – "Coonamble Collaborative Aboriginal and Torres Strait Islander Women's Project"
- a men's reproductive and sexual health promotion Project – "Raising the Profile of Men"
- a reproductive and sexual health education project for Indigenous youth – "Warrina Hostel Project".

## PROJECT PROCESS

These local projects will be outlined and the project process described to illustrate that any potential service, particularly those of a confidential nature, must be constantly informed by community and based on well considered criteria from the start.

### Indigenous women's sexual and reproductive health project – "Coonamble Collaborative Aboriginal and Torres Strait Islander Women's Project"

#### *Project description*

Coonamble Collaborative Aboriginal and Torres Strait Islander Women's Project is a joint venture with the Royal Australian College of General Practitioners – Aboriginal and Torres Strait Islander Women's Project, Dubbo/Plains Division of General Practice, Macquarie Area Health Service and the Aboriginal Medical Service Committee, Coonamble. It is managed by FPA Health (Dubbo) and the multi-disciplinary project team includes a female doctor (project manager), two nurse/project officers and an Aboriginal community liaison worker.

The project forms part of the larger (Mackay, Adelaide and Coonamble) RACGP Aboriginal Torres Strait Islander Women's Project. The primary aim of the project is to improve the prevention and management of breast and cervical cancer in Aboriginal



and Torres Strait Islander women by primary health care providers, especially general practitioners.

Coonamble is a town 165km north of Dubbo in the north west of NSW. It has a total population of 4,500, with an Indigenous community of 954.<sup>16</sup>

### *Project planning and implementation process*

The Aboriginal Liaison Officer of the Dubbo/Plains Division of General Practice initially consulted with the Aboriginal community in Coonamble, the Aboriginal Medical Service Committee and Macquarie Area Health Service. The Aboriginal community was keen to take part in the project as they had already identified a need to improve their health outcomes and were in the process of planning an Aboriginal Medical Service. They identified an appropriate woman with a good knowledge of the community who would be prepared to fulfil the position of Aboriginal Community Liaison Worker for the project.

At this point there was difficulty in finding a female general practitioner prepared to travel to Coonamble and FPA Health was invited to join the project. The FPA Health project team then met with the AMS Committee, the local general practitioners and consulted with Macquarie Area Health (Community Health and Women's Health Nurses).

The AMS Committee requested that the service provided by FPA Health include a clinic for Aboriginal women once per month with an Aboriginal Community Liaison Worker employed once per week to assist with appointments and transport. They had ideas on how best to provide health promotion and community education activities which were seen as an important role of the service. The doctor needed to be female and the preference was for the same doctor to be available each time but it would be acceptable for a different doctor if this was not possible, as long as there was continuity. The service was to be sustainable in the long term if possible. At this point contact had already been made with the Royal Flying Doctor Service (RFDS) regarding the Rural Women's GP Service<sup>17</sup> and their project officer attended the consultation. The Project had an end date of December 2002 and the RFDS agreed to sustain the service as part of their Rural Women's GP Service. It was also decided that if the project was successful the AMS Committee, Dubbo/Plains Division of General Practice and FPA Health would continue to seek grant money to extend the service beyond the project end date of December 2002.

### *Project outcome*

The project outcomes have included a successful collaboration with improved relationships and co-operation between service providers. Community feedback has been extremely positive, with requests from new clients to access the service and community midwives asking how they can refer to the service. A deeper understanding of the community has been achieved by the project team as they attend the various groups for education sessions. The sessions are held at locations requested by the women e.g. Lands Council, CDEP etc. At the monthly clinics the staff are being educated about the culture of the community by the Aboriginal community worker, Macquarie Aboriginal Health Worker (AHW) and clients. There has been interest from some members of the community in learning more about reproductive and sexual health and thus acting as a peer educators. The project outcomes have been met by significantly improving cervical screening rates and by an improved understanding of



the barriers to the women taking part in cervical screening. A secondary outcome has been the opportunity for many fears and misconceptions about contraception, sexually transmitted infections and common gynaecological conditions to be addressed. A second Aboriginal community, 45kms away, has become involved with the project team providing education sessions in that community and then bringing women in a group to the clinic with the support of their AHW. A report has been written as part of the larger RACGP Women's Aboriginal Torres Strait Islander Project and will be disseminated to all stakeholders. Additionally any dissemination of the knowledge gained, including conference presentations, will acknowledge all collaborative participants.

## Men's reproductive and sexual health promotion project – "Raising the Profile of Men"

### *Project rationale*

The impetus for focusing on men's health promotion in the Macquarie Area came initially from the FPA Health pilot project "Roadshow Visit to Orange"<sup>18</sup> held in 2000. This project was successful in engaging men and local service providers in sexual health promotion strategies. It also showed that there was a need for specific rural men's reproductive and sexual health promotion and education.

The evaluation of the "Roadshow Visit to Orange" found that rural men lacked basic knowledge about sexual/reproductive organs, had poor basic knowledge (STIs) and needed improved communication skills to help their relationship building. It found that male reproductive and sexual health was not being addressed by local health providers and services. The report suggested that co-operation between services was required to maximise the outcomes of limited resources.

Recommendations included the need to focus on rural areas, to develop partnerships and for face-to-face contact to be made with other organisations rather than phone contact when developing these partnerships. The report proposed that men over aged over 30 be a primary target for further health promotion.

As there were rollover funds available, it was proposed to extend the work in collaboration with the opening of the FPA Health service in Dubbo in August 2001. Further community consultations<sup>6</sup> carried out at the commencement of the Dubbo service confirmed this and the findings of other studies<sup>19,20</sup>, that men do not access health services readily and that this particularly relates to reproductive and sexual health issues. One country woman commented about men with sexual health problems:

I know a lot of men that won't go to the doctors at all. They just don't want to go to the doctors here and they never go to Dubbo (the nearest large town). So they just don't go.

When men were asked where they would access information about a general sexual health problem, the response was:

I'd go talk to me father or me brothers.



### *Project description*

The aim of this project was to develop, pilot and document a program promoting reproductive and sexual health awareness and knowledge including HIV/ AIDS for men aged 35–64 in the Macquarie Area which could be replicated in other areas if successful.

The secondary objectives were:

- to further identify reproductive and sexual health needs of men in the Macquarie Area through review and expansion of the “Macquarie Needs Assessment” and further consultation with local community and service providers;
- to review the literature on previous men’s health projects and men’s health issues especially those relating to men’s reproductive and sexual health;
- to identify, collaborate with and develop partnerships with other local service providers/health professionals who work in the area of men’s reproductive and sexual health;
- to develop and implement education sessions and workshops for men regarding their reproductive and sexual health with a focus on HIV/ AIDS and STIs;
- to build the capacity of local health service providers in the area of men’s reproductive and sexual health through provision of education and training sessions;
- to explore the need for resources and printed material relating to men’s reproductive and sexual health and generate ideas/recommendations for their development;
- to develop a referral database of men’s health and counselling services to enable FPA Health staff to link men with appropriate services when required; and.
- to develop clinical guidelines for FPA Health regarding men’s reproductive and sexual health.

Various health promotion strategies were devised to incorporate the multi-faceted nature of the project. These included developing links with various target groups of men and health services, providing educational sessions and workshops to the different community audiences and health professionals, co-ordinating a trivia night and radio broadcasts. Other components of the project involved development of clinical guidelines for men, a referral database and exploration of men’s resource material relating to sexual and reproductive health to identify gaps for potential new resource development. As the project progressed and evolved, and the Health Promotion Officer (HPO) became more aware of the needs and responsiveness of the community, more emphasis was placed on some strategies than others. Towards the end of the project more focus was placed on developing the Indigenous men’s health aspect of the project.

### *Project planning*

Scoping of the project took place to clearly identify the goals, objectives, parameters and broad strategies of the project, which was titled “Raising the Profile of Men”



(RPM) with a timeframe of 12 months. Due to the previous experience of the appointed Health Promotion Officer in working with an older age group of men and the recommendations of the Orange Roadshow pilot project, it was decided that the target group would be men aged 35–64. Further, it was felt that this age group have specific reproductive and sexual health issues such as sexual dysfunction which are not usually addressed in sexual health programs targeted towards younger men.

Following the initial “Macquarie Needs Assessment”, further consultations with a number of health and welfare related organisations were arranged by the HPO as part of an ongoing consultation process and needs assessment. These consultations served a dual purpose:

- firstly, as general networking to raise the profile and establish the presence for the new Dubbo Centre in the town which had only opened in May 2001 (many organisations in the area were not yet aware of its presence and role);
- secondly, to directly address the issues for the Men’s Sexual Health Project “Raising the Profile of Men”.

The purpose and outcomes of the meetings were very varied depending on the type of organisation. Overall, however, the meetings were successful in raising the profile of the FPA Health Dubbo Centre and alerting local agencies to the establishment of the Health Promotion Project on Men’s Reproductive and Sexual Health. The meetings also identified avenues where the HPO could focus and target community education efforts and where partnerships and co-operative ventures could occur.

### *Project outcomes*

The RPM Project has been successful in addressing its intended outcome of reaching rural men aged 35–64 through a multi-faceted program and informing them about reproductive and sexual health issues. The strategies used included a program of four sessions to a Vietnam Veterans group at their regular meeting place and one session to their female partners. It was interesting to find, as other researchers have, that the female partners of men are a vital part of accessing rural men.<sup>19</sup> An interesting offshoot was that the Vietnam Veterans requested an additional session on women’s health for themselves. The HPO addressed many community groups such as the Prostate Cancer Support Group, Cardiac Support Group and Rotary. The HPO was invited to talk with Aboriginal men’s groups on three occasions at their regular meetings and an Indigenous men’s project is in the process of development from these sessions. Younger age groups were also accessed as time progressed including a session for developmentally delayed youth and two sessions for Aboriginal youth in conjunction with the Warrina Hostel Project.

Apart from the talk or workshop approach to disseminating information a broader reach was achieved using radio, with a talkback session being very popular, a public forum organised by the Prostate Cancer Support Group which attracted 260 participants and a “Trivia Night with a Difference”, which attracted 70 people at the Dubbo RSL raising money for the local hospital. All the questions related to reproductive and sexual health and with the local sexual health clinic team present there was a great deal of discussion with the audience about sexually transmitted infections and HIV in particular.



The HPO had worked in a sexual health service for many years in the area of sexual dysfunction and thus was able to provide specialised workshops on this topic for health professionals. Two extremely well-attended and well-received case study and workshop sessions were held for the local general practitioners, and by participating they were able to claim continuing education points. A module was also written for the FPA Health Distance Education Course for Doctors and as an integral part of the project a local referral database of men's health and counselling services was developed. A literature review and report is currently being written and will be disseminated to stakeholders. An important outcome has also been a close collaborative relationship that has developed between FPA Health, health services and community groups.

## Reproductive and sexual health education project for Indigenous youth – "Warrina Youth Hostel Project"

### *Project rationale*

As part of the Macquarie Needs Assessment, consultation with Indigenous groups took place. Access to correct and culturally appropriate reproductive and sexual health information for young people was a common theme. Specifically, Aboriginal women raised concerns about the sex education that their teenage children received in school and the need for access to appropriate and sensitive education material to counteract some of the misunderstandings that existed in their communities.<sup>6</sup> Semi-structured interviews conducted with Aboriginal health workers during the "Macquarie Needs Assessment" also identified youth work as an area where FPA Health could assist.

### *Project description*

A pilot project was developed for Indigenous youth from remote areas. Many of our discussions with community and service providers indicated that these young people were the most disadvantaged in accessing information. The aim of the project was to improve knowledge of reproductive and sexual health issues amongst disadvantaged Indigenous communities. The project team consisted of the two Nurse/Project Officers at FPA Health, Dubbo. The Men's Health Promotion Officer was also invited to take part. The project was based at Warrina Hostel which houses up to 20 Aboriginal and Torres Strait Islander students attending school in years 7-12 in Dubbo. They come from remote areas such as Bourke, Engonia, Lake Cargelligo, Wanaaring and Goodooga. The hostel has on-site house parents and a hostel manager. Further consultation was undertaken as to the nature of the education required with both the house parents and the students and it was requested that separate information sessions be given to girls and boys. The subjects covered included normal anatomy and physiology, hygiene, reproduction, pregnancy, contraception and STIs. Overall, five sessions were conducted in the evenings at the hostel over a three week period.

### *Project outcome*

No formal outcome evaluation was made of this project, but the participation rate was high and the interaction extremely positive. Experience gained from this project will be utilised in the next stage of a larger project targeting young Indigenous people.



## CONCLUSION

The projects discussed above indicate a range of large and small team projects engaging different strategies, timeframes and target groups. All three projects have been planned and executed with input from the community, which has been a primary element. Community knowledge has been integrated in the implementation of the projects and community place has been used wherever possible to encourage the community's ownership.

**Policy recommendation:** In rural areas as elsewhere, reproductive and sexual health projects should incorporate community input, knowledge and know-how. In both planning and implementation phases the process should be transparent, the outcomes documented and widely disseminated to all stakeholder groups involved.

## REFERENCES

1. Australian Health Ministers' Conference. *Healthy Horizons: a framework for improving the health of rural, regional and remote Australians 1999–2003*. Canberra: Australian Government Printing Service. March 1999.
2. Young A, Dobson A & Byles J. *Access to health services in urban and rural Australia: a level playing field?* 6th National Rural Health Conference, Canberra 2000.
3. Whittle P & Williams L. *Improving Access & Equity in Regional and Rural Australia. Provision of Women's Health Services by Female GPs in Remote and Rural Areas*. World Rural Health Conference 2002. ABC Rural Online.
4. Women's Health Australia. *Progress on the Australian Longitudinal Study on Women's Health. 1995–2000*. Edited by Christina Lee. Australian Academic Press Pty Ltd. Brisbane.
5. Hillier, L, Warr D & Haste B. *The rural mural: Sexuality and diversity in rural youth Research Report*. Centre for the Study of Sexually Transmissible Diseases, La Trobe University, 1996.
6. FPA Health: Reproductive and Sexual Health Needs Assessment for the Macquarie Area (2001).
7. Warr D, Hillier L, That's the problem with living in a small town: privacy and sexual health issues for young rural people. *Aust J Rural Health* (1997) 5, 132–139.
8. Wyn J. Health care for young women in the country: Issues raised by STDs; *Rural Society* (1992) 2 (3).
9. Stewart F, Rosenthal D. Rural and urban female secondary school students' attitudes towards and use of primary care services. *Aust J. Rural Health* (1997) 5, 126–131.
10. Galbally R. Health Promotion strategies for rural communities. In Gregory G. and Murray, D eds. *Rural public health in Australia 1997: Proceedings of the National Rural Public Health Forum, 1997*.
11. Men's Health Beliefs: A Qualitative Research Report to the Healthy Blokes Project. Robert J Donovan Centre for Behavioural Research in Cancer Control, Division of Health Sciences Curtin University Bentley W.A. *CBRCC Report*. No. 1. April 2000.



12. Thorpe A. Sexual Health, sexuality and straightjackets (men's sexual health in rural communities). *Proceedings from the National Men's Health Conference*. Aug 1995, Canberra ACT.
13. Doherty L. New approaches to sexual health services in a rural health board area: involving service users and primary care professionals. *International Journal of STD & AIDS* (2000) 11: 594–598.
14. Meeting Health Needs of Particular Groups. Colmer P, *Proceedings from the National Rural Health Conference 1991*, Toowoomba Qld.
15. Creating Professional Solutions 2001 *Project Management – An Introduction*.
16. Australian Bureau of Statistics 2001 Census of Population and Housing.
17. Commonwealth Department of Health and Ageing.  
[www.health.gov.au/hsdd/gp/rural/rurwomen.htm](http://www.health.gov.au/hsdd/gp/rural/rurwomen.htm)
18. Gilbert K. *Men and Sexual Health (MASH) Project. Evaluation Report "Roadshow Visit to Orange"*. FPA Health 2000.
19. Auon S & Johnson L, Rural Industries Research and Development Corporation (RIRDC) "What motivates rural men to improve their health status?"
20. Kakakios M. *Men's Health – The way forward*. NSW Public Health Bulletin 200;1 12 (2): 315–317, NSW Health.

## PRESENTER

**Christine Read** is Co-ordinator, Medical Services for FPA Health (previously Family Planning NSW) and is manager of FPA Health's Rural Centre in Dubbo. This includes management of programs that include reproductive and sexual health promotion for men and young people, as well as health promotion and clinical programs for Indigenous women.

Dr Read also works one day a week at the Royal Hospital for Women, Sydney in the Menopause Clinic and takes part in reproductive health research at the Barbara Gross Research Unit.

