Sexual and Reproductive Health Equity

A submission to the Select Committee on reproductive, maternal and paediatric health services in Tasmania

January 2024

MSI AUSTRALIA

Acknowledgement

We acknowledge the Traditional Owners and Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present. We also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.

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1. Background

On Wednesday, 18 October 2023, the Tasmanian House of Assembly resolved that a select *committee be appointed with the power to send for persons, papers and records to inquire into, consider and report on reproductive, maternal and paediatric health and perinatal mental health services in Tasmania*.[1] The committee is due to report by 9 April 2024, and has a current public consultation open with submissions due on 25 January 2024.

This submission is written in direct response to the inquiry terms of reference. [2]

MSI Australia

We are Australia's leading, specialised, non-profit advocate and provider of abortion and contraception services. MSI Australia is a part of MSI Reproductive Choices, a global non-profit which has been providing sexual and reproductive healthcare services for over 45 years. Our 9,000 team members worldwide work across 37 countries providing contraception, comprehensive abortion care, and maternal healthcare services wherever they're needed.

2. Executive Summary

MSI Australia has operated within Tasmania largely via telehealth. Until 2018 we regularly supported people in Tasmania who travelled to Victoria to access abortion care, however abortion access in Tasmania has improved since then and MSI clinics have not had to fill those access gaps so often.

We appreciate the funding pathways in Tasmania that provide financial hardship and support for abortion and contraception access through the Women's Health Fund and Youth Health Fund. We greatly appreciate the work of Women's Health Tasmania and The Link Youth Health Service that implement those programs.

Subsequently we also offer our support to any submissions by Women's Health Tasmania and The Link Youth Health Service in regard to this inquiry.

In this submission we have summarised some key areas of practice knowledge, and have provided the following recommendations.

Recommendation 1: Provide universal access to sexual and reproductive healthcare

[1] Tasmanian Parliament (2023), Select Committee webpage at https://www.parliament.tas.gov.au/committees/house-of-assembly/select-committees/select-committee-on-reproductive,-maternal-and-paediatric-health-services-in-tasmania
[2] Tasmanian Parliament (2023) Resolution at https://www.parliament.tas.gov.au/__data/assets/pdf_file/0030/76386/Resolution_18-October-2023.pdf

a) Upskill nurses, midwives and Aboriginal and Torres Strait Islander health workers to deliver medical abortion.

b) Develop self-referral pathways to reproductive health services to reduce the dependency on GP referrals, especially for time-sensitive services like abortion.

c) Review all facilities that provide surgical abortion care to ensure that all people, including people with diverse health needs, people who need interpreters, people with disability and those who are in prison or institutionalised, can access quality and safe abortion care in the Tasmania.

d) Provide financial support for rituals related to pregnancy grief and loss, including specific cultural rituals, cremation and other related costs.

e) Boost public health initiatives that will reduce abortion related costs, such as discreet and free public access to pregnancy tests, cervical and STI screening, condoms, dental dams and menstrual health products.

Recommendation 2: Strategise for sexual and reproductive health

a) Consider if and how Tasmania could benefit from a Sexual and Reproductive Health Strategy that can link to the *National Women's Health Strategy (2020-2030)* and the *National Men's Health Strategy (2020-2030)*.

b) Continually review existing clinical guidelines that can renew alongside evolving models of abortion care, and invest in abortion related data collection and academic research partnerships that will increase evidence and understanding of abortion access in the Tasmania.

c) Actively recruit and train more healthcare professions, including doctors, nurses and midwives to specialise in reproductive healthcare. Increase incentives such as scholarships and higher wages, particularly in regional areas.

d) Enable further abortion law reform to harmonise legislation. Work with other Australian jurisdictions, in a move towards nationwide and cross-border abortion access and equity.

Recommendation 3: Prevent reproductive coercion and violence

a) Continue to invest in age-appropriate, culturally safe, community centred reproductive coercion prevention activities and programs, including relationships and sexuality education throughout the lifespan.

b) Embed pre-service and in-service healthcare professional training and education on abortion access and care, including identifying and responding to reproductive coercion.

c) Provide training and support for family, domestic and sexual violence services to promote early intervention and response to reproductive coercion.

d) Develop communities of practice on reproductive coercion and fund academic research partnerships to increase evidence and understanding of reproductive coercion in the Tasmania.

2. Consultation Response

The Tasmanian Government invest in abortion and contraception care for women and people with greater consideration than some other jurisdictions.

This submission is structured to address select questions, with a focus on areas relevant to abortion and contraception provision.

(a) to assess the adequacy, accessibility and safety of the following services for Tasmanian parents and their children in relation to:—

(i) reproductive health services & (iv) workforce shortages

There are medical and surgical abortion care services available in each Tasmanian region – south, north and north west.

Surgical abortions are available at no cost from public hospitals and medical abortions can be accessed from GPs, Family Planning Tasmania and via telehealth.

While surgical abortions are available in public hospitals across Tasmania, the process requires a referral from a GP, along with additional necessary tests such as an ultrasound and blood tests.

For procedures required after approximately 16 weeks of pregnancy, referrals for services interstate are needed, and in some cases those Tasmanians travel to our MSI clinics for surgical abortion and long acting contraception.

Although financial help is available for people, including those not covered by Medicare, this process poses significant hurdles for timely access to necessary care.

There may be costs involved in medical abortions but women and pregnant people can apply for financial assistance from the government through the Women's Health Fund and the Youth Health Fund.

If a patient doesn't have access to Medicare because of their visa status, they can also be helped with the cost of either a medical or surgical abortion through the above funds.

The fund also provides funding for the cost of standalone long-acting contraceptives.

In theory, this is a good system however workforce shortages, geographic location, stigma, judgment, privacy issues and a low gestation limit of 16 weeks contribute to poorer health outcomes for women and pregnant people.

The Tasmanian Government's HealthStats website offers a broad overview of the public health system but lacks specific information on sexual and reproductive health.

The Tasmanian Population Health Survey 2022 sheds light on the accessibility of General Practitioners in the state.[3] It revealed that while a majority (83%) of Tasmanians accessed a GP in the past year, a significant portion (32%) who needed GP services were unable to access them. This issue is particularly acute among women and Aboriginal and Torres Strait Islander communities.

The main barriers to accessing GP services include the unavailability of services when needed, which accounted for 40% of the cases, followed by long waiting times and cost-related issues. Women faced more challenges due to service unavailability, and cost was a notably higher barrier for the younger population aged 18-24 years.

Women's Health Tasmania have noted that the state's chronic GP shortage has produced an ongoing scarcity of GP appointments and appointments with female GPs particularly, which many women prefer for sexual and reproductive health-related matters.[4] Even in Tasmania's urban centres it is not uncommon to wait more than six weeks for an appointment with a woman GP.

For one person in the North-West, the GP shortage made it hard to find a doctor who would provide a termination referral, particularly as she wanted to avoid GPs she knew in a professional capacity.[5]

Women's Health Tasmania also found that culturally and linguistically diverse people, LGBTQIA+ people and people with a disability, said the existing barriers to termination access in Tasmania are compounded by a lack of inclusive healthcare systems and practices.

People in these cohorts commonly reported discrimination from the health workers and services they encountered in the course of accessing a termination. This discrimination included targeted comments and microaggressions, as well as a general sense that the services were not designed for them.

Reproductive coercion

Abortion access is not an indicator of agency. Agency to choose to have abortion or contraception, depends on risk of reproductive coercion.

Reproductive coercion is behaviour that interferes with the autonomy of a person to make decisions about their reproductive health and is a form of violence[6]. It includes:

- sabotage of another person's contraception

[3] Cox J, Dyke H, Martino R, & Edwards L (2023). Report on the Tasmanian Population Health Survey 2022. Department of Health, Tasmania: Hobart.
[4] Women's Health Tasmania (2022), Submission to the inquiry into universal access to reproductive healthcare, https://www.womenshealthtas.org.au/sites/default/files/resources/inquiry-universal-access-reproductive-healthcare/sub07womens-health-tasmaina.pdf
[5] Women's Health Tasmania (2022), Submission to the inquiry into universal access to reproductive healthcare, https://www.womenshealthtas.org.au/sites/default/files/resources/inquiry-universal-access-reproductive-healthcare/sub07womens-health-tasmaina.pdf
[6] MSI Australia (2020), Hidden Forces: a white paper on reproductive coercion in contexts of family and domestic violence, at https://www.mariestopes.org.au/advocacy-policy/reproductive-coercion/

- pressuring another person into pregnancy
- controlling the outcome of another person's pregnancy
- forcing someone into sterilisation, or preventing them from accessing their choice of vasectomy or tubal ligation; and
- any other behaviour that interferes with the autonomy of a person to make decisions about their sexual and reproductive health.

Reproductive coercion can be experienced by trans and non-binary people, and people of all genders. Women experience intimate partner violence at higher rates than men, including reproductive coercion. Women and pregnant people attempting to access abortion can be at higher risk of violence than the general population.[7]

Reproductive coercion can be particularly complex for First Nations women, migrant and refugee women, women with disability, sex workers and people who are incarcerated. The violence they endure may be more severe and prolonged and they often experience structural and interpersonal barriers to accessing support services.[8]

Recent research using pregnancy choices counselling data demonstrates that in Australia, 15% of people experience reproductive coercion and abuse when considering their pregnancy options.[9]

Reproductive coercion includes preventing someone from accessing their choice of contraception or abortion. A child or an additional child, to an abusive partner creates yet another link with lifelong risk and other implications. Sexual and reproductive healthcare not only prevents the risk of harm; it is a point of early intervention and prevention.

It is often the case that reproductive coercion co-occurs with other forms of interpersonal violence, resulting in women and pregnant people and their children seeking a range of support services. Many of these services including housing, trauma counselling and specialised education are struggling to meet demand.

Reproductive coercion extends to all pregnancy outcomes. For example, adoption requires consent from all parents on the birth certificate. In an abusive relationship, this can result in child safety services involvement or a residency or access dispute. Care in the context of the current pandemic may involve extended periods of out-of-home care. Kinship care has complexities in contexts of isolation, movement

[7] Hall, M., Chappell, L.C., Parnell, B.L., Seed, P.T., & Bewley, S. (2014). Associations between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis. PLoS Medicine, 11 (1), e1001581.
[8] https://www.anrows.org.au/publication/promoting-community-led-responses-to-violence-against-immigrant-and-refugee-women-in-metropolitan-and-regional-australia-the-aspire-project-state-of-knowledge-paper/
[9] Sheeran, N., et al (2022). Reproductive coercion and abuse among pregnancy counselling clients in Australia: trends and directions. *Reproductive health*, *19*(1), 1-10.

restrictions and physical distancing. In contexts of adoption, care and kinship care, additional Legal Aid may be required.

(b) to examine disparities in the availability of services, staffing and outcomes between:

(i) Tasmania and other Australian states and territories

The United Nations Committee on Economic, Social and Cultural Rights and the Committee on the Elimination of Discrimination against Women (CEDAW) have enshrined sexual and reproductive care within women's right to health. [10] As a signatory to CEDAW, the Australian Government is therefore obliged to respect, protect and fulfil sexual and reproductive health and rights.

Australia has a patchwork of health laws and health policies across federal, state, territory and local governments. Observations on Australia's periodic CEDAW report recommends that Australia harmonise abortion-related legislation across jurisdictions to increase health access and equity.[11] Until abortion law is harmonised, women and pregnant people will continue to travel between jurisdictions in order to access healthcare and Australia's human rights record in abortion care will remain opaque.

The National Women's Health Strategy commits to equitable access to pregnancy termination services and strives for universal access by 2030. Alongside the National Preventative Health Strategy, we have a sound national policy model to support further policy development and implementation in the Tasmania.

Tasmania's gestation limit is the lowest in the country at 16 weeks.

(ii) Tasmanians living in rural, regional and metropolitan areas

In Tasmania, disparities in the availability of services, staffing, and outcomes for abortion, contraception, and maternal health services between rural, regional, and metropolitan areas can be significant.

Rural and regional areas often face challenges such as fewer healthcare facilities, limited access to specialised health services, and a smaller healthcare workforce.

This situation can lead to longer travel times for patients, delays in receiving care, and fewer options for healthcare services.

Metropolitan areas, on the other hand, typically have better healthcare infrastructure, more healthcare providers, and a wider range of services available.

The disparities are particularly evident in specialised services like abortion and contraception care, where timely and specialised access is crucial.

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[10] Office of the United Nations High Commissioner (2020), Sexual and Reproductive Health and Rights, viewed on 27 July 2020 at <https://www.ohchr.org/en/issues/women/wrgs/pages/healthrights.asp>

[11] Committee on the Elimination of Discrimination against Women (2018), CEDAW/C/AUS/CO/8: Concluding observations on the 8th periodic report of Australia viewed on 27 July 2020 at < https://digitallibrary.un.org/record/1641944?ln=en>.

(iii) Tasmanians experiencing socio-economic disadvantage

People from lower socio-economic backgrounds often face barriers to accessing abortion and contraception care, including financial costs, transport, and a lack of awareness about available services.

These challenges can result in delayed or foregone healthcare, which can have serious consequences for sexual and reproductive health outcomes.

Direct and indirect abortion costs can have a significant impact particularly for people experiencing socioeconomic disadvantage.

Indirect costs that we see abortion clients experience include:

- identifying a support person, which in the case of abortion requires disclosing a very personal choice and responding to any reactions or judgement
- taking time off work, for the person seeking care and their support person
- finding child care for existing children in order to travel, attend counselling and clinic appointments, and have appropriate rest in the recovery period
- sourcing carer support to assist with other carer roles including people with disability and elders
- travel regionally or interstate, long drives or flights, with a support person
- if someone cannot stay at home following the procedure, for example they need to travel, or are at risk of violence, they may need to source a hotel or stay with a family or friend during the recovery period
- costs of other related health needs such as contraceptive devices or products, menstrual pads, wheat hot packs, plastic sheets, paracetamol and various other pain relief needs
- psychosocial costs of a potentially challenging life choice, or the circumstances around the clinical health provision such as cost of living, housing or work instability, risk of violence and reproductive coercion
- impact on the health and wellbeing of children and partners when a parent/spouse is experiencing traumatic loss, has trouble coping, financial stress
- during the COVID-19 pandemic, there have been additional psychosocial costs linked to lockdowns particularly when people needed permits to travel interstate and were required to quarantine/ receive healthcare in isolation.
- cultural or religious practices; during their time in the health system and beyond, when accessing abortion a person may also need to participate in grief and loss rituals, including ceremony and cremation

- potential implications for long term employment, visas status, educational rankings and other lifelong considerations

The common thread of all of these points is abortion stigma. It is why people do not often disclose their experience with their employers, education institutions, families or broader communities. The presence of abortion stigma can lead to hesitation in seeking a support person, asking for help, booking a counselling appointment or asking for time off work – delaying access to care while the abortion service required increases in cost and clinical complexity.

(c) to make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families and children.

Recommendation 1: Provide universal access to sexual and reproductive healthcare

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incentives such as scholarships and higher wages, particularly in regional areas.

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l) Provide training and support for family, domestic and sexual violence services to promote early intervention and response to reproductive coercion.

m) Develop communities of practice on reproductive coercion and fund academic research partnerships to increase evidence and understanding of reproductive coercion in the Tasmania.

Further information

If you would like to know more about the work that we do at MSI Australia, you can follow us on social media or get in touch via the following channels.

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Website: msiaustralia.org.au

You can also support access to sexual and reproductive healthcare by making a tax deductible donation https://www.msiaustralia.org.au/donate/