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Sent via email to community.affairs.sen@aph.gov.au or submitted online at https://www.aph.gov.au/Parliamentary_Business/Committees/OnlineSubmission

14/12/2022

To Whom It May Concern,

RE: Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare

On 28 September 2022, the Senate referred an inquiry into the universal access to reproductive healthcare to the Senate Community Affairs References Committee for inquiry.

Please find attached a submission to the Senate Standing Committees on Community Affairs, written in direct response to the consultation listed on the committee website.

Universal access to reproductive healthcare is essential. If you have any questions about this submission, you are welcome to contact me at chair@societyaustraliansexologists.org.au

Sincerely,

Elle Shannon Hunter

National Chairperson, Society Australian Sexologists Ltd.

On behalf of SAS Members.

Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare

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14/12/2022

Executive summary

Universal access to reproductive healthcare such as contraception and abortion is preventative healthcare.

The Declaration of Sexual Rights (2014) states that sexual rights are grounded in universal human rights, that are recognised in International and regional human rights documents.

Particularly related to Reproductive healthcare are the following human rights pertaining to sexuality.

- The right to equality and non-discrimination. (1)
- The right to life, liberty and security of the person. (2)
- The right to autonomy and bodily integrity. (3)
- The right to the highest attainable standard of health, including sexual health. (7)
- The right to enjoy the benefits of scientific progress and its application. (8)
- The right to information. (9)
- The right to education and the right to comprehensive sexuality education. (10)
- The right to decide whether to have children, the number and spacing of children, and to have the information and the means to do so. (12)

SAS reaffirms that all people should have access to safe abortion services and access to information about and provision of affordable contraception. We recognise and acknowledge the inherent freedom, dignity, equity, and non-discrimination of all human beings and are committed to protection from harm.

Existing models of Abortion care can be seen in the Northern Territory and South Australia. Standardised, free access to safe abortion care is necessary for all people who want/need to use abortion services in Australia. As are appropriate professional guidelines and training, assurance of abortion medication access through pharmacies, a trained and willing workforce, and better comprehensive school relationship and sexuality education.

Key recommendations include; harmonising abortion care across Australia so all people receive the same care, abortion provided as part of the public health system, Medical or Surgical abortion availability for all indications, without the need for counselling or justification provided, medical abortion pills available under the PBS, commitment to workforce development, so that there are enough GPs and pharmacies that can provide medical abortions, reproductive health leave and comprehensive sex and relationship education mandated for public schools.

Background

On 28 September 2022, the Senate referred an [inquiry into the universal access to reproductive healthcare](#) to the Senate Community Affairs References Committee for inquiry and report by 31 March 2023.

There is a current consultation listed on the Senate Standing Committees on Community Affairs website, which is open until 11.59 pm AEDT on 15 December 2022. We appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

I consent to this submission being published on the inquiry website and shared publicly online.

The Society of Australian Sexologists Ltd.

(SAS) is Australia's leading peak professional body for the regulation and accreditation of psychosexual therapists and sexuality educators. We represent health and allied health professionals working in the area of sex therapy, sexuality education, and sexology.

Our mission is to encourage and promote the practice of sexology, sex therapy and sexuality education for the benefit of members and the communities they serve through the advancement of the scientific study of sexual counselling, therapy and education, and the development and maintenance of professional ethics and standards including the accreditation and recognition of professionals.

SAS is a member-organisation of the Asia Oceania Federation of Sexology (AOFS), and the World Association of Sexual Health (WAS). SAS is a founding organisation of the Australian Sexual Health Alliance (ASHA) - Australia's peak body of professional organisations working in sexual health.

Consultation response

Terms of Reference response

This section is framed in direct response to the Committee [Terms of Reference](#).

Barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies', with particular reference to:

a. cost and accessibility of contraceptives, including:

- i. Pharmaceutical Benefit Scheme (PBS) coverage and Therapeutic Goods Administration (TGA) approval processes for contraceptives,
- ii. awareness and availability of long-acting reversible contraceptive and male contraceptive options, and
- iii. options to improve access to contraceptives, including over the counter access, longer prescriptions, and pharmacist interventions;

Medical Abortion Pills:

Medical Abortion Pills should be provided to all Australians seeking them under the Pharmaceutical Benefit Scheme (PBS). In some jurisdictions, patients are paying up to \$550 to access this medication and care.

People seeking contraceptives and medical abortion pills throughout all regions of Australia should receive equitable access, people in regional and remote areas should not be discriminated against.

Access to contraception:

PBS coverage to include methods such as the progestogen only pill which inhibits ovulation, this is the only reliable oral alternative for people who can't use the combined oral contraceptive pill and currently the only option in Australia, it is not listed on the PBS and the costs precludes its use in many people. The PBS should also subsidise the combined vaginal ring to increase access to choice of contraceptive methods.

Education:

SAS members work in the field of sex education as well as sex therapy. SAS members are concerned that without mandating the curriculum, or providing professional standards of training and teaching, young people will leave school with incomplete sexual and reproductive health education.

b. cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas;

Abortion should be made available within the public hospital system, covered under Medicare, for all States. People should not be required to have counselling in order to access abortion care, such as in Western Australia, nor should providers of care need to justify the reason for seeking an abortion. (We recognise that data collection regarding reasons for seeking abortion is useful, but should not be a barrier to access).

Incentives, training and encouragement for more GPs and pharmacists to provide Medical Termination of Early Pregnancy (MTEP), and increase Telehealth access for all seeking this option.

c. workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals;

SAS members live and work in regional and remote areas, and express concerns that there are not many, or no options in some towns to receive abortion healthcare. This creates enormous psychological stress, on top of what is often a difficult time. The healthcare workforce needs to be equipped with information and training in reproductive healthcare, so that these services can be universally accessed.

Abortion education needs to be a mandatory part of every Australian medical school's curriculum. This includes for people who don't want to become abortion providers

themselves, but who need to understand the information to correctly advise future patients of their pregnancy options and to be able to refer on to abortion providers.

Government needs to invest in abortion education, such as additional training facilities and the facilitation of partnerships with community providers to allow students to immerse themselves in the field and speak to sexual and reproductive healthcare experts. This would really give medical students much needed clinical exposure.

Investment in clinical guidelines and medical publications that normalise abortion and reduce abortion stigma. Abortion is healthcare, yet, abortion is often framed in medical degrees as an ethical issue. Framing it like this takes away from the fact that abortion is written into health law and it needs to be introduced from a medical context instead of an ethical context. Greater access to clinical guidelines and other medical texts will help medical schools normalise abortion care within healthcare.

d. best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery;

Reproductive health information needs to be translated into different languages and funding provided to do this.

SAS supports targeted and sustainable funding for migrant and refugee women's health programs, including healthcare provision and access to abortion care. Migrant and refugee women are mentioned as a key priority group yet there is no targeted sustainable funding for migrant or refugee organisations.

e. sexual and reproductive health literacy;

One of our clinically accredited members, Vijay Ramanathan, is a lecturer at Sydney University, specialising in Sexual and reproductive health literacy (SHRL). He says, (SHRL) "is not only about better access to credible information but also the ability of all women of reproductive age to be able to understand, appraise and make informed decision. SAS supports funding to improve SRHL by means of community awareness and campaigns for members of the general public and also provide clinical education for healthcare professionals (medical and allied health) who often provide reproductive healthcare services for girls and women."

f. experiences of people with a disability accessing sexual and reproductive healthcare;

Recently a Women with Disabilities Australia Report uncovered that most young women and girls living with a disability don't make their own decisions on menstruation and contraception. Guardians and healthcare professionals are making these decisions on their behalf.

<https://wwda.org.au/wp-content/uploads/2020/06/The-Status-of-Women-and-Girls-with-Disability-Asutralia.pdf>

g. experiences of transgender people, non-binary people, and people with variations of sex characteristics accessing sexual and reproductive healthcare;

Due to stigma and discrimination, many trans and non-binary people are living with economic insecurity, and experience transphobia in healthcare setting. Free or subsidised contraception and abortion care is crucial for all people, including trans and non-binary people.

People with intersex variations should not be subject to surgeries unless they are medically needed. Children with intersex variations should be given the right to make decisions in line with their own values, interests and preferences for genital appearance and function.

h. availability of reproductive health leave for employees;

SAS supports reproductive health leave to be legislated in the National Employment Standards as a universal, protected entitlement. For example menstruation and abortion care are not illnesses, and having reproductive leave as separate and on top of sick pay will reduce the gender pay gap.

i. Other;

One of our Clinically Accredited Members, Dr. Stephanie Azri completed a study for her PhD published in the Australian Social Work Journal (Dec 2013) entitled 'Social Work's Role in Prenatal Diagnosis and Genetic Services: Current Practice and Future Potential'. She shares her experience counselling people regarding reproductive health choices; "women who find out their babies have a poor prognosis still have to go through traumatic experiences (meeting, more meetings, more questions etc) just to get an abortion. And that's with a medical reason. They still feel judged and stigmatised. Women who choose abortions without a medical reason, generally have even more hoops to jump through with costs being an issue for some. Then, there's the issue of different rules for different states and the fact that even though public hospitals are supposed to offer abortions, with the Drs being to refuse to do it under "conscientious" objections, I've yet to see a woman get an abortion for free in a public hospital."

Recommendations

Universal access to reproductive healthcare is essential. We support this important Inquiry, with the following recommendations:

- 1.** The Australian Government should establish a National Taskforce on abortion access to address abortion equity across all States and Territories, with an aim to harmonise laws across all States and Territories, providing transparency for clinicians and consumers of health care.
- 2.** Abortion should be part of the public health system so that equal access to affordable or free contraceptives and abortion care is available to all Australians

across all jurisdictions. Including Medical Abortion pills covered under the PBS at the cost of \$42.50 <https://www.pbs.gov.au/medicine/item/10211K>

3. Medical or Surgical abortion availability for all indications, without the need for counselling, or justification provided.
4. A commitment to more GPs trained to prescribe medical abortion pills, with prescribing Pharmacists in all regions, and telehealth services available in places that do not have the above services, and a commitment to having abortion education as part of every Australian medical school's curriculum.
5. Telehealth services providing early termination of pregnancy care, funded by the Australian Government under Medicare.
6. Allow just one health practitioner to be involved to be able to access abortion healthcare, in all regions (excludes late abortions). Gestational age at which additional requirements to apply from 24-weeks gestation in all jurisdictions.
7. Reproductive health leave as a paid leave entitlement for employees to balance reproductive needs, sexual health and wellbeing. For example menstruation and abortion care are not illnesses, and having reproductive leave as separate, on top of sick pay will reduce the gender pay-gap.
8. Comprehensive relationship and sex education to all students in Australian public schools as part of the mandated curriculum, with professional standards and training for teaching these classes.