

Carbon and Contraception

Children by Choice Position Paper

April 2015



CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

40 Years • 200,000 Women • Still Supporting Choice

About Children by Choice

Our vision is that all women can freely make their own reproductive and sexual health choices.

Children by Choice provides counselling, information and education services on all options with an unplanned pregnancy, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service to women experiencing unplanned pregnancy, deliver sexual and reproductive health education sessions in schools, and offer training for GPs and other health and community professionals on unplanned pregnancy options. We also advocate for improvements to law and policy that would increase women's access to reproductive health services.

Children by Choice supports women's access to all options with an unplanned pregnancy, including abortion, and have been involved in helping women access these options since the service began operation in 1972. Children by Choice is the only stand-alone pro-choice women's service dedicated to unplanned pregnancy in Australia. We are recognised nationally and internationally as a key advocacy group for the needs and rights of women in relation to access to reproductive health services with regard to unplanned pregnancy.

In 2013-14 we assisted a total of 1841 clients with unplanned pregnancy issues, ranging in age from 13 to 50.

Acknowledgements

Children by Choice wishes to acknowledge the personal financial contributions to this paper of members of Sustainable Population Australia.

Contact

Amanda Bradley, Manager

Selina Utting, Resource Manager

T 07 3357 9933 | E amandab@childrenbychoice.org.au
selinau@childrenbychoice.org.au

Introduction

Early in 2015, Children by Choice was invited by the Queensland branch of [Sustainable Population Australia](#) to develop a voluntary carbon emissions offset fund. The voluntary carbon market seeks to encourage individuals and companies to donate to projects that will reduce carbon emissions to balance against their activities that increase carbon emissions. The voluntary market works alongside regulated trading emissions schemes to build increased commitment to reducing global emissions that extend beyond mandated requirements. It is inherently more flexible, with the potential for smaller projects to be supported without a heavy compliance burden.

Population growth is one of several variables contributing to climate change. Clear causal patterns of climate change are complex, yet studies that focus on population find a clear relationship to CO₂ emissions.¹ Children by Choice's project is based around a voluntary population reduction strategy. Our clients report long delays and financial difficulties with accessing their contraceptive choices, such as one woman who told us of being on the public hospital waiting list for a tubal ligation for eighteen months. We will provide donations to assist to our disadvantaged clients with their unmet need to access a Long Acting Reversible Contraceptive (LARC). Unintended pregnancy rates are much higher for disadvantaged women and access to a LARC method will assist women to effectively control the size and spacing of their families.

Environmental Sustainability in Australia

As the driest inhabited continent, Australia is particularly sensitive to climate change impacts. Key contemporary drivers of environmental change include population growth and development, food production, resource extraction and climate change.² On a per capita basis, Australia's CO₂ emissions are estimated at 16.9 metric tons compared to the OECD average of high income countries of 11.3.³ Considering both Australia's physical environment and current per capita high emission levels, there is substantial scope for new local programs targeted towards reducing carbon emissions.

Australia's population grew by 1.5% to September 2014, with natural increase comprising 43% of this increase. Queensland's estimated fertility rate is higher than replacement at 2.15 babies per woman.⁴ While the impact of population growth differs across regions, with the relationship less pronounced in the developed world, reduced population growth will reduce carbon dioxide emissions.⁵ The cost effectiveness of family planning strategies versus other carbon emission reduction options has also been examined, with research indicating that population reduction

¹ Jorgenson, AK. Clark B. Assessing the temporal stability of the population/environment relationship in comparative perspective: a cross-national panel study of carbon dioxide emissions, 1960-2005. *Population Environment* 2010, 32:27-41.

² Hobday, A. McDonald, J. Environmental Issues in Australia *Annual Review of Environment and Resources* 2014 39:1-28

³ World Bank <http://data.worldbank.org/country/australia>

⁴ Australian Bureau of Statistics 2015 3101.1 Australian Demographic Statistics – Sept 2014

⁵ Jorgenson & Clark 2005 The Relationship between National- Level Carbon Emissions and Population Size: An Assessment of Regional and Temporal Variation PLoS1 2013

projects can have lower costs and larger benefits than other traditional environmental strategies, such as tree planting.⁶

Debate continues about the relative contributions to carbon reduction required of “first world” nations versus the developing world. Debate also continues about the relative contributions required of sectors and individuals to climate change, and therefore what action should be taken by whom. However, there is potential for all sectors and all individuals to act within their sphere of influence. To achieve climate stability, emissions must be curbed in all countries, rich and poor.⁷

With increasing affluence comes increasing consumption and energy usage.⁸ People who have low incomes are lower emitters of carbon compared to the energy usage of higher income people. While an improvement in income may increase a family’s carbon emissions, the human right of the poor to a higher standard of living is increasingly recognised, creating a tension between environmental impacts and poverty reduction. However, improved economic stability does increase a family’s ability and resources to respond to climate change.⁹ Carbon emissions can be lowered through access to more efficient energy options, such as appliances that meet higher energy standards, and through increasing a family’s capacity to make sustainable environmental choices.

The intersection of poor reproductive health outcomes and other risk factors

One driver of an increased standard of living is a smaller family size. It is sometimes assumed that poorer people desire large families, but the research evidence suggests that all women, regardless of income, aspire to the same size family.¹⁰ The Australian Institute of Family Studies notes that for those families headed by an unpartnered parent, the numbers of children in the family have changed little over the last decade.¹¹ The unmet demand amongst women for modern contraceptive methods has been estimated at \$9.4 US Billion worldwide.¹²

Rates of unintended pregnancy are far higher among low income women. The Guttmacher Institute has analysed this issue in the USA, showing that among poor women, the rate of unintended pregnancy was more than five times that of women with an income of at least 200% of the federal poverty level (137 vs. 26 per 1,000 women aged 15–44).¹³

The United Nations Population Fund emphasises that poor reproductive health leads to poverty and that poverty is linked to poor reproductive health.¹⁴ This creates a cycle of disadvantage, stretching

⁶ Wheeler, D. and Hammer, D. 2010 “The Economics of Population Policy for Carbon Emissions Reduction in Developing Countries” CGD Working Paper 229. Washington, D.C. Center for Global Development.

⁷ (http://sei-us.org/Publications_PDF/SEI-WWF-ComparisonCarbonOffset-08.pdf)

⁸ Zehr, S Wiley Interdisciplinary Reviews *Climate Change* 2015, 6:129-150.

⁹ Potts, M. Marsh, L *The Population Factor – How does it relate to climate change?* Climate Adaptation Feb 2010 Bixby Center for Population, Health and Sustainability. University of California

¹⁰ ibid

¹¹ AIFS <https://aifs.gov.au/publications/australian-families-children-and-adolescents>

¹² Singh, S. Darroch, J. Ashford, L. Adding it Up: The Costs and Benefits of Investing in Sexual and Reproductive Health 2014 Guttmacher Institute & UNFPA

¹³ Lawrence B. Finer and Mia R. Zolna. Shifts in Intended and Unintended Pregnancies in the United States, 2001–2008. *American Journal of Public Health*: February 2014, Vol. 104, No. S1, pp. S43-S48.

¹⁴ United Nations Population Fund <http://www.unfpa.org/resources/population-and-poverty>

across generations, particularly for women experiencing unmet need for contraception. In the USA, a major intervention was The Contraceptive CHOICE project, involving 9000 women. This project demonstrated that improved access to free LARC methods produced substantial reductions in teen pregnancy, birth and abortion compared to the national average.¹⁵

Some populations experience higher risk of poor reproductive health outcomes, including Indigenous women, women from non-English speaking backgrounds, regional and remote women, younger women, and women experiencing violence. The risks are exacerbated for these groups by the high out-of-pocket costs of reproductive health services in Queensland.

It is estimated that half of all pregnancies in Australia are unplanned and approximately half of these are resolved through abortion.¹⁶ Compared to our broader client base, women who received financial assistance from us to access a termination of pregnancy in 2014 were:

- More likely to report domestic and/or sexual violence;
- More likely to identify as Aboriginal or Torres Strait Islander;
- More likely to report mental health issues;
- More likely to be parents; and
- Less likely to receive any support from the man involved in their pregnancy.

The opportunity for women to adopt a LARC as their contraceptive method following an abortion is available in Queensland, but being unable to afford a LARC has been established as a key barrier. A major Australia study found that “Women in the lowest socioeconomic quintile were the least likely to leave the service with their chosen LARC in place.”¹⁷ In New Zealand, a ten week study where women were offered information and free access to three LARC methods, changed the use of post-abortion LARC from 44% to 61% and method retention was 86% at six months.¹⁸ These studies suggest that removing the economic barrier for LARC insertion makes a considerable difference in levels of uptake amongst women wishing to avoid pregnancy and control the size and spacing of their families, increasing their access to improved standards of living and potentially their ability to respond to climate change.

Providing choices in contraception

For a woman to truly have contraceptive options, she must have affordable access to reliable information and services. Children by Choice is a pro-choice organisation, and would not support under any circumstances the use of a contraceptive method without the express consent of the woman herself. LARCs will not suit every woman; for some women there will be medical contra-indicators and for some personal, cultural or lifestyle factors.

¹⁵ Birgisson, N. Zhao, Q. Secura, G, Madden, T. Peipert, J. Preventing Unintended Pregnancy: The Contraceptive CHOICE Project in Review. *J Womens Health* 2015 March 31

¹⁶ Marie Stopes International What Women Want 2006

¹⁷ Goldstone, P. Mehta, YH. McGeechan, K. Francis, K, Black, K. Factors predicting uptake of long-acting reversible methods of contraception among women presenting for abortion. *Med J Aust.* 2014 Oct 6;201(7):412-6

¹⁸ Rose, SB. Lawton, B, Brown, S Uptake and adherence to long-acting reversible contraception post-abortion. *Contraception* 2010 Oct;82(4):345-53

Women's experiences of LARC methods have been extensively researched internationally¹⁹, with higher satisfaction levels reported for IUDs than other LARC methods. The most common reason given for discontinuation across LARC methods is dissatisfaction with bleeding patterns.²⁰ The uptake of LARCs in Australia is much slower than other developed countries, with data indicating that less than 10% of Australian women use a LARC.²¹ Particularly amongst young women, many fears about a LARC device are expressed, such as insertion pain or expulsion.²² It is important that evidence based, factual information is available to women, so that they can freely decide what is the best contraceptive method for themselves.

As part of referring a woman to a LARC provider, we expect that all providers of LARCS would also facilitate removal if the woman finds that the method is unsuitable. This would be parallel in practice to amending any medication or treatment following patient feedback. All women also need to be provided with information about the importance of using a barrier method in conjunction with a LARC for protection against Sexually Transmitted Infections. Medical practitioners hold a great deal of power in their interactions with women, and they can facilitate a woman's understanding of, consent and access to a LARC method.

Recommendation

Children by Choice is committed to ensuring that all women can freely make their own reproductive and sexual health choices. We work within a holistic model of access to contraception and abortion and perinatal services for all women, regardless of their circumstances. One key strategy that will enable our vision to be achieved is universal access to safe, effective and affordable contraception.

Our client data and international evidence, such as the CHOICE project, demonstrates that LARCS are out of reach for many women experiencing disadvantage. Many, however, will voluntarily adopt a LARC when they have this opportunity.

The impact of meeting this unmet need for contraception for women is also not only empowering for women but can also achieve a positive environmental outcome. We invite donors to join us in a voluntary carbon emissions offsets program, to achieve both contraceptive choice for women and a sustainable Australia.

¹⁹ Power J, French R, Cowan FM. Subdermal implantable contraceptives versus other forms of reversible contraceptives or other implants as effective methods for preventing pregnancy. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD001326. DOI: 10.1002/14651858.CD001326.pub2.

²⁰ Daud, S and Ewies, AA (2008) Levonorgestrel-releasing intrauterine system: why do some women dislike it? *Gynecological Endocrinology*. 24(12):686-690

²¹ Gray E, McDonald P. Using a reproductive life course approach to understand contraceptive method use in Australia. *J Biosoc Sci*. 2010 Jan;42(1):43-57.

²² Potter, J, Rubin, S, Sherman, P. Fear of intrauterine contraception among adolescents in New York City. *Contraception*. 2014 May; 89(5); 446-450.

Definitions

Carbon Offsets: a mechanism for organisations and/or individuals to use to compensate for their unavoidable greenhouse gas emissions by subsidising the reduction activities of others

IUD: Interuterine device such as a copper intrauterine device or LNG-IUS, levonorgestrel intrauterine system

LARC: long acting reversible contraception – a method that required administration less than once per month