



CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

Submission to the Consultation on the National Strategy to Achieve Gender Equality

12th April 2023

Introduction

Children by Choice is pleased to make this submission to the Minister for Women, for the Consultation on the National Strategy to Achieve Gender Equality.

About Children by Choice

Children by Choice is an independent Queensland-based non-profit organisation, committed to providing counselling, information, and education on all pregnancy options – abortion, adoption, kinship and alternative care and parenting. We are recognised nationally and internationally as a key advocacy group for reproductive and sexual health.

Our primary objective is to ensure that women and pregnant people who experience hardship or distress with a pregnancy receive high-quality decision-making counselling, evidence-based information, material aid, and referral. Children by Choice seeks to empower people and communities to exercise reproductive health choices, and to remove the discriminatory social, legal, clinical and policy barriers that women and pregnant people may face when seeking access to accurate information, support, and services for their reproductive choices.

Our work includes:

- Our pregnancy options counselling service which assists **1800–2400 women and pregnant people** each year in Queensland through our funding from the Department of Justice and Attorney General.
- Our **Education and Community Engagement Team** who provide training and information to 1900 professionals and students each year.
- Our **Multicultural project**, co-designing digital, video, and print resources for 4 language groups on pregnancy options, contraception, and reproductive coercion.
- Our work co-designing **Easy English resources** to support women with intellectual and learning disabilities on their pregnancy options, contraception, parenting and reproductive coercion, in partnership with WWILD.
- Our 3-year project in Queensland on **Rural, Regional and Remote Abortion Access project** which supported access to abortion in marginalised areas, completed in 2021.

- Our **Queensland Abortion and Contraception online map**, launched in 2021, aims to increase transparency and accessibility of abortion and contraception services to the public and those supporting people seeking services.
- The delivery of sexual and reproductive health education sessions in schools and youth centres nationally, training for GPs and other health and community professionals on pregnancy options, reproductive coercion, and post abortion counselling across Australia. Recently we **partnered with Women’s Health Tasmania** to deliver our education and professional development for health and community service workers in a Tasmanian context.
- The development of **an Australian position statement after Roe v Wade** with over 700 individuals and organisations signing on to voice their support for reproductive rights; calling upon state and territory Health Ministers to embed essential reproductive healthcare into our public health services.

We are a member of the Queensland Sexual Health Clinical Network termination of pregnancy working group and is developing an action plan for Queensland Health provision of abortion in public and primary health settings. In addition, we are actively engaged across several relevant government and non-government agencies to facilitate and coordinate appropriate and consistent responses to women affected by a range of gender-based safety, health, and wellbeing issues. This includes participation in committees and working groups, such as:

- Queensland Health Sexual Health Clinical Network – Termination of Pregnancy working group
- Women’s Health Services Alliance of Queensland
- Ending Violence Against Women Queensland
- SPHERE Coalition for sexual and reproductive health
- Equality Rights Alliance
- Queensland Abortion and Contraception Community of Practice
- QCOSS (Queensland Council of Social Service) Women’s Equality and CEO Network
- True Culturally Responsive Health Advisory Group

Our vision is that people can freely and safely make their own reproductive and sexual health choices without barriers.

Contact
Daile Kelleher
 Chief Executive Officer
 Children by Choice
 07 3357 9933 (ext 1)
 0409 625 189
DaileK@childrenbychoice.org.au

Our **Annual Reports and Strategic Plan** are available on our website at www.childrenbychoice.org.au.

Children by Choice has detailed relevant research and evidence from our service on the terms of reference below. We have a number of recommendations on how to achieve the priority areas on the National Strategy to Achieve Gender Equality, with 5 key recommendations below.

Our Key Recommendations:

- 1 Ensure all Australians can access their choice of abortion services without barriers or delays by **funding a national independent service to provide information, referral, funding and all options pregnancy counselling and post abortion support** to ensure access to primary, public and private healthcare is clear and barriers are reduced.
- 2 **National map of abortion and contraception services** such as the one on the [Children by Choice](#) website for Queensland, [1800 My Options](#) for Victoria and [Pregnancy Choices Tasmania](#).
- 3 Develop a **public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse** to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
- 4 Funding is made available for the **development and distribution of co-designed resources (for consumers and health professionals) on reproductive coercion and abuse** made available to all health facilities, DV services, youth services, multicultural and settlement services and disability services.
- 5 **Resources** for individuals, carers and health professionals are produced, co-designed with marginalised community groups, **on sexual and reproductive health in particular pregnancy options, abortion, contraception and reproductive coercion and abuse.**

Submission Response

Children by Choice welcomes the opportunity to provide feedback on the *National Strategy to Achieve Gender Equality*. We recognise the evidence showing that several areas of gender equality have stalled or slowed, and that this is not only holding women back but is a brake on our progress as a country.

In this submission, Children by Choice references **section 4.4 of the *National Strategy to Achieve Gender Equality*** in identifying our priorities for accelerating gender equality in Australia. In particular:

- We welcome the acknowledgement in the *Strategy* of the specific sexual and reproductive health needs of women and people who can become pregnant. Children by Choice identifies reproductive justice as a priority for accelerating gender equality, in particular: pregnancy choices, reproductive rights and contraceptive access.
- We welcome the acknowledgement in the *Strategy* of the intersections of identity and access to health services for women, in particular: First Nations people, rural and remote communities, migrants and refugees, LGBTQIA+ people and people with disabilities. Children by Choice identifies as a priority enabling intersectional access to reproductive justice.

Children by Choice strongly advocates for bodily autonomy, and informed and uncoerced pregnancy decision-making. We submit that constructing policies that ensure access to and availability of safe abortion services for people of all intersectional identities should be an urgent priority for the *National Strategy to Achieve Gender Equality*.

Reproductive Justice: Choices, Rights and Access

Children by Choice submits that a core priority for accelerating towards gender equality is the availability and accessibility of abortion care services, provided by well-informed care practitioners.

Availability of Abortion Care

Lack of availability is a significant barrier to pregnant people accessing abortion care, which intersects with other social determinants of health and restricts pregnant individuals from accessing the healthcare they deserve and have a right to receive. Individuals from non-Metropolitan areas report having their closest provider often a great distance away from where they are located which results in unexpected and often unaffordable time and travel related costs.

Furthermore, in some areas there is little to no access to transportation that would aid them in accessing the closest abortion providers.

Such barriers also greatly impact pregnant people from diverse backgrounds who have limited accessibility to compassionate and culturally sensitive services. Given the stigma and fear associated with having an abortion, the experience can be very emotionally straining and having a culturally respectful provider who understands the person's value system can make a stark difference in the patient's healthcare experience. The issue of scarcity in healthcare accessibility is only compounded as a pregnant person's gestation period increases.

Accessibility of Abortion Care

Further, the costs of abortion related services are a key barrier in accessing termination of pregnancy, and a key priority in accelerating towards gender equality in Australia. Termination of pregnancy can vary depending on whether the pregnant person is a Medicare cardholder or not, from approximately \$350 for medical abortion to \$8,500 for a surgical abortion. Further indirect costs include GP visits, ultrasound scans, sanitary hygiene products, childcare arrangements, time off work and travel related expenses.

Children by Choice clients seeking abortion often describe misinformation and a lack of transparency around access as a major barrier. Clients utilise the Children by Choice online abortion and contraception map in Queensland and similar maps in Victoria and Tasmania, but this is not available across Australia and not every state and territory has a telephone line or service that can help support people through the pathways available to access timely and compassionate abortion care. This lack of access and transparency in abortion services is compounded for people living remotely, from culturally and linguistically diverse backgrounds, people with a disability, people in poverty and people experiencing domestic and family violence.

Pregnant individuals can encounter reproductive coercion and abuse from their partners, carers and/or extended families, who force or manipulate the person into either getting an abortion or continuing the pregnancy.

The Australian Institute of Family Services (2015) has observed 'a strong correlation in the research between unintended pregnancy and domestic and family violence' and referenced research in Moore et al. (2010) where 'women described various ways in which abusive partners had controlled their reproductive and sexual choices including sabotaging their contraception; refusing to use contraception; rape; and attempting to influence the outcome of pregnancies'.

Pregnant people having to ask their partner or extended family permission to utilise abortion services is another barrier seen among our clients. Individuals may come from religious or cultural backgrounds that do not approve of termination of pregnancy, and as a result pregnant individuals may have to continue an unwanted pregnancy in the fear of being abandoned, ostracised or face violence by those around them. This is financially unfeasible for a significant proportion of pregnant people, who have a lack of income or limited access to their funds due to family or partner overlooking their finances. Equally, for some cultures, having a child outside of marriage is considered taboo and continuing a pregnancy puts them in an unsafe situation.

Education and Attitudes of Care Practitioners

Even when these significant financial and social barriers can be overcome, many individuals reported that their interactions with general practitioners when trying to locate an abortion provider were uninformative and stigmatising. Children by Choice has found that healthcare employers' conscientious objection to termination of pregnancy to be another crucial hurdle to access. As detailed in Keogh et al.'s (2019) research, despite legislation for conscientious objection aiming to protect the right of a woman to access an abortion, doctors had directly contravened the law by not referring; attempted to make women feel guilty; attempted to delay women's access; or claimed an objection for reasons other than conscience. Conscientious objectors have even gone as far as to lie about the legality of abortion in Australia to pregnant individuals who lack knowledge of their legal rights. Use or misuse of conscientious objections by Government telephone staff, pharmacists, institutions, and political groups and other pathways to abortion access is also reported.

Deficiencies in practitioner attitudes, education and training are repeatedly raised in research as an immense non-legal barrier for pregnant people. Pregnancy promoting behaviours by professionals is a form of reproductive coercion, which is an under-researched, often under-reported barrier to pregnant people seeking abortion services.

Children by Choice expects women and pregnant people to have access to affordable, compassionate and timely care, regardless for their uniquely personal reasons for terminating their pregnancy. We concur with the findings of Cleetus and colleagues, who argue that investment in workforce development and service planning in both the primary and tertiary healthcare sectors, and in partnership with health consumers, is urgently needed to address to ensure access to safe compassionate and timely termination of pregnancy (ToP).

Intersectional Access to Reproductive Justice

Children by Choice welcomes the acknowledgement in the *Strategy* of the intersections of identity and access to health services for women, in particular: First Nations people, rural and remote communities, migrants and refugees, LGBTQIA+ people and people with disabilities. Children by Choice identifies as a priority enabling intersectional access to reproductive justice.

Rural and Remote Communities

In 2022, Children by Choice released research on 3 years of pregnancy options counselling data following the implementation of the Queensland Termination of Pregnancy Act 2018. This research found an array of barriers faced by pregnant people who contacted the service post decriminalisation of abortion. Clients contacting Children by Choice from regional, rural and remote Queensland seeking pregnancy decision making support and abortion access, when compared with those in metropolitan areas:

- Required more contact with our counsellors;
- Needed greater financial support;
- Were more likely to report domestic violence (38% vs 32%) and sexual assault (17% vs 13%); and
- Travelled more than five times the distance (205km vs 41km each way) to access abortion services.

While there are some places where termination access is accessible and equitable, it is still a postcode lottery. Particularly in rural and regional communities, abortion care services are inadequate and causing women to carry pregnancies to term due to the long wait times, unsupportive medical professionals and excessive costs.

Children by Choice is currently supporting multiple women to file complaints to the Office of the Health Ombudsman and Queensland Human Rights Commission due to the inadequate care they received, resulting in forced pregnancy which is a human rights violation.

Trans and Non-Binary People

Health literacy is a significant determinant of health for women of reproductive age. Currently, many women and people who can become pregnant such as trans men and non-binary people, are not educated in areas such as contraception and abortion. This is a significant barrier to care and also results in a large percentage of unintended pregnancies each year.

Health professionals have a lack of understanding of the reproductive health needs of trans and gender diverse people relating to abortion care and pregnancy. There are no specific resources, fact sheets or guidelines in Australia to support health professionals provide suitable and inclusive reproductive healthcare.

Recommendations

Children by Choice strongly advocates for bodily autonomy, and informed and uncoerced pregnancy decision-making. We submit that constructing policies that ensure access to and availability of safe abortion services for people of all intersectional identities should be an urgent priority for the *National Strategy to Achieve Gender Equality*.

Key recommendations:

1. Ensure all Australians can access their choice of abortion services without barriers or delays by **funding a national independent service to provide information, referral, funding and all options pregnancy counselling and post abortion support** to ensure access to primary, public and private healthcare is clear and barriers are reduced.
2. **National map of abortion and contraception services** such as the one on the [Children by Choice](#) website for Queensland, [1800 My Options](#) for Victoria and Pregnancy Choices Tasmania.
3. Develop a **public health education campaign for health professionals and the general public on abortion, contraception and reproductive coercion and abuse** to improve health literacy, destigmatise abortion and support screening of reproductive coercion and abuse.
4. Funding is made available for the **development and distribution of co-designed resources (for consumers and health professionals) on reproductive coercion and abuse** made available to all health facilities, DV services, youth services, multicultural and settlement services and disability services.
5. **Resources** for individuals, carers and health professionals are produced, co-designed with marginalised community groups, **on sexual and reproductive health in particular pregnancy options, abortion, contraception and reproductive coercion and abuse.**

Additional recommendations:

Equitable access to compassionate available and accessible abortion services requires:

- The development or expansion of sexual and reproductive health clinics nationwide, providing free public health care, particularly to people on low incomes, with complex needs and fears of judgement.
- Improved funding for family planning clinics – and specialist bulk billing clinics linked to women's, youth and homelessness services.
- General Practitioner (GP) training and professional support in relation to:
 - Sensitive, trauma informed, all options, non-judgmental pregnancy options care;
 - Compassionate medication abortion care;
 - Clear protocols for timely referral;

- Clear protocols for conscientious objectors;
- Clear protocols re actions required following a breach of the clinical standards; and
- Screening and education on detecting and responding to reproductive coercion and abuse.
- Regional hospital provision via a pregnancy options clinic - *not* Emergency Departments where women and pregnant people are triaged as low priority.
- Dedicated regional hospital clinics for pregnancy options support, assessment and culturally safe care – managing and responding to complex bio-psycho-social presentations, including domestic and family violence, and reproductive coercion and abuse.
- The urgent expansion of early pregnancy assessment units and public hospital abortion care - linked to maternal and fetal medicine and obstetrics and gynaecology outpatient and inpatient services.
- Provision of surgical termination of pregnancy as a part of early pregnancy assessment and options care in all public hospitals.
- Provision of second and third trimester medical inductions for people in regional hospitals where care is also provided to women and pregnant people experiencing second or third trimester miscarriage.
- Strong governance to maintain clinical standards in relation to all aspects of care – including the management of conscientious objectors obligations and prevention of institutional objection.
- Workforce planning to ensure a compassionate workforce providing all pregnancy options is increased nationwide.

It is further recommended that:

- The embedding of local abortion services in public health systems is considered, to reduce travel and access burdens.
- There is the development of a screening tool for health professionals on screening and responding to reproductive coercion and abuse.
- Respectful relationships school-based education is adjusted to include sexual and reproductive health education, including reproductive coercion and abuse and all pregnancy options including abortion.
- Training for health professionals and carers is funded in order to increase their capacity to support informed pregnancy decision making, contraceptive decisions and to identify and respond to reproductive coercion and abuse, when working with people with disabilities.

- Review of intersectional approaches to gender strategies nationally and globally be incorporated into the development of the *National Strategy to Achieve Gender Equality*, for instance: *National Strategy on Gender Equity and Equality* (The United States of America); *Safe and Strong: A Victorian Gender Equality Strategy* (Victoria, Australia); and *Gender Results Framework* (Canada).
- The *National Strategy to Achieve Gender Equality* embeds an accountability mechanism for measuring the acceleration towards gender equality, for instance, the European Institute for Gender Equality's Gender Equality Index or the Government of Western Australia Department of Communities' First Action Plan Report and Women's Report Card.

References

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