
National strategy to achieve gender equality

Consultation Response

Acknowledgement

MSI Australia acknowledges 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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Further information

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Executive Summary

After two decades of legislative and policy reform, and three years of acute pressure on health systems, it is timely that the Australian Government is reviewing gender equity with a public health lens.

As the only national non-profit provider of sexual and reproductive healthcare, we make the following key recommendations:

1. Provide universal access to sexual and reproductive healthcare
2. Boost health workforce capacity
3. Connect with public health initiatives
4. Invest in gendered data
5. Prevent reproductive coercion, abuse and violence
6. Link to all relevant national strategies

We look forward to working with the Australian Government and other key stakeholders to reshape sexual and reproductive health equity for all.

Background

The Office for Women plans to release the National Strategy to Achieve Gender Equality in late 2023. A current consultation seeks input into the early stages of strategy development.¹

This submission has been structured in response to the consultation format. We consent to this submission being published on the inquiry website and shared publicly online.

MSI Australia

As an independent, non-profit organisation, MSI Australia (formerly Marie Stopes Australia) is Australia's only national accredited provider of abortion, contraception and vasectomy services, and the country's longest running provider of teleabortion.

For individuals looking to control their sexual and reproductive health and choices safely, we are the fiercely pro-choice, non-judgemental, holistic health provider. Our clinical expertise, supported client journey, and values-led approach combine to deliver safer clinical outcomes and client wellbeing.

We published a white paper on reproductive coercion in 2018 called 'Hidden Forces: Reproductive Coercion in contexts of domestic violence'.² This was reviewed with recommendations updated in a Second Edition published in 2020.

We work alongside MS Health, a non-profit pharmaceutical provider of medical abortion medication that sits within the MSI Reproductive Choices International umbrella.

We support submissions made by partner organisations including the National Aboriginal Community Controlled Health Organisation, the LGBTI Health Alliance, Women with Disabilities Australia, the Multicultural Centre for Women's Health, the Equality Rights Alliance and the Australian Women's Health Network.

Our services

At MSI Australia we provide the following services:

- Contraceptive options counselling, including vasectomy counselling
- Pregnancy options counselling, including abortion, adoption, care, kinship care and parenting
- Various aspects of nurse care including blood tests, ultrasounds and safety planning

¹ Australian Government Department of the Prime Minister and Cabinet (2023), National Strategy to Achieve Gender Equality

² MSI Australia (2022), Hidden forces: a white paper on reproductive coercion in contexts of family and domestic violence, both editions available at <https://www.msiaustralia.org.au/reproductive-coercion/>

- STI tests and cervical screening
- Contraceptive care, including Long Acting Reversible Contraception (LARC)
- Vasectomy care
- Tubal ligation care
- Medical abortion care (in person in clinic)
- Teleabortion, or medical abortion via telehealth (at our virtual clinic)
- Surgical abortion care up to 24 weeks and 6 days gestation
- Aftercare, including low-sensitivity urine pregnancy tests where relevant
- Australian Choice Fund bursaries, philanthropic bursaries to subsidise part of or all of contraception or abortion funding gaps³

Some of these services are face to face, others are online and some are a hybrid depending on the needs of clients and availability of clinical staff. Information on sexual and reproductive health access, equity and agency in Australia is available in the resources section of our website.⁴

This submission is made from the perspective of being a service provider of these particular services. We acknowledge that other aspects of health, in particular the social determinants of health, also require further investment to enable equity and universality.

³ MSI Australia (2022), Australian Choice Fund at <https://www.msiaustralia.org.au/donate//>

⁴ MSI Australia (2022), Policy Brief section of Resource Library at <https://www.msiaustralia.org.au/resources/document-library/>

Consultation Response

Sexual and reproductive health access is critical for gender equity. When left untreated, sexual and reproductive health concerns can have chronic physical, mental, and social health impacts.⁵ In the *National Women's Health Strategy (2020-2030)* sexual and reproductive health equity is an indicator of success.⁶

Recommendation 1: Provide universal access to sexual and reproductive healthcare

Ensure health equity for all people in Australia, including temporary visa holders, including:

- 1.1 Access to non-judgemental and all-options pregnancy choices counselling. All options include abortion, adoption, care, kinship care and parenting. This should also be extended to contraceptive choices counselling and other areas of health decision making.
- 1.2 Funding for the out-of-pocket costs that health consumers face, to enable free access to essential sexual and reproductive care including medical abortion, surgical abortion and contraceptive methods including LARC, vasectomy and tubal ligation.
- 1.3 Support engagement in rituals related to pregnancy loss and grief, including specific cultural rites, cremation and other related costs. These should be applicable to any pregnancy loss including abortion, miscarriage and stillbirth.

Recommendation 2: Boost health workforce capacity

As the discussion paper identifies, gender inequity is an issue within the health workforce, and this continues within a broader health workforce crisis. To address this in sexual and reproductive health, we need to boost to:

- 2.1 Support workforce reforms that expand the benefits of virtual care to future proof health equity, including new models of nurse-led abortion care.⁷ This will require

⁵ Isobel, S., Goodyear, M., Furness, T. and Foster, K., 2019. Preventing intergenerational trauma transmission: A critical interpretive synthesis. *Journal of clinical nursing*, 28(7-8), pp.1100-1113.
Kendall, S., Lighton, S., Sherwood, J., Baldry, E. and Sullivan, E.A., 2020. Incarcerated aboriginal women's experiences of accessing healthcare and the limitations of the 'equal treatment' principle. *International Journal for Equity in Health*, 19, pp.1-14.

Menzies, K., 2019. Understanding the Australian Aboriginal experience of collective, historical and intergenerational trauma. *International Social Work*, 62(6), pp.1522-1534.

⁶ Australian Government Department of Health, National Women's Health Strategy (2020-2030), at <https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030>

⁷ MSI Australia (2021), Nurse led medical termination of pregnancy in Australia at <https://www.msiaustralia.org.au/nurse-led-care/>

the harmonisation of legislative, policy and regulatory reforms which are already in motion across States and Territories.⁸

2.2 Invest in a bilingual, bicultural health workforce that is professionally recognised and appropriately remunerated, including women in health leadership roles.⁹

2.3 Resource community-controlled health initiatives and services that co-design innovation in sexual and reproductive healthcare and health information. In particular, collaborate with organisations led by and for Aboriginal and Torres Strait Islander communities, people with disability, LGBTIQ+ populations, migrant and refugee communities and sex workers.¹⁰

Recommendation 3: Connect with public health initiatives

Strengthen links with public health initiatives that will reduce health related costs and prevent delayed access to care, including:

3.1 Programs, initiatives and services that offer discreet and free public access to pregnancy tests, cervical and STI screening, condoms, dental dams and menstrual health products.

3.2 Programs, initiatives and services that can expand models of sexual and reproductive healthcare on Country, including pregnancy loss intersections of abortion care, miscarriage and stillbirth, alongside other pregnancy outcomes such as kinship care and parenting.¹¹

3.3 Various forms of age-appropriate, culturally safe, community centred relationships and sexuality education. These must be in variety of learning modalities facilitated in places such as early learning centres, maternity services, schools, universities, workplaces, disability and aged care facilities. They must embed aspects of menarche and menopause, and a range of content relevant to digital cultures and online relationships.

⁸ MSI Australia (2022), Abortion access scorecard at <https://www.msiaustralia.org.au/abortion-access-scorecard/>

⁹ Dr Regina Torres Quiazon (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/defining-universal-access-by-dr-regina-torres-quiazon-the-road-to-abortion-equity-8eeb0ffb5876?source=friends_link&sk=8b3e7ffc532baf2fdcff7fd274222a0d

¹⁰ Delaram Ansari (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-delaram-ansari-the-road-to-abortion-equity-f32c3d0a18ae?source=friends_link&sk=170619e3f1a08e197f5e96ecc90a8749

¹¹ Brenna Bernardino (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-brenna-bernardino-the-road-to-abortion-equity-101a7341959a?source=friends_link&sk=06e63b899af6b1be33ccb2b0a38c2e46

Recommendation 4: Invest in gendered data

- 4.1 Resource community-controlled research to collate and share evidence on what reproductive justice means today, and how self-determination of sexual and reproductive health can be regained and maintained.¹²
- 4.2 Prompt a national data set for induced abortions alongside a review of the World Health Organisation's (WHO) International Classification of Diseases (ICD) coding.¹³ Resource national data collection mechanisms that enable health consumer anonymity. Include population health factors in reporting such as gender, intersex variation, disability, visa/residency status, country of birth, year of arrival in Australia, and request for an interpreter.
- 4.3 Support academic research partnerships that will increase evidence and understanding of sexual and reproductive health equity and access, in order to evolve current models of sexual and reproductive healthcare, extend care provision and increase workforce capacity, and improve health consumer experiences. Research should consider quality and safe models of care that are used globally to address health inequity, such as nurse-led medical abortion and manual vacuum aspiration (MVA) to enhance equity.¹⁴
- 4.4 Commission research into the impact of reproductive health help seeking on engagement in the labour force, and to evaluate existing reproductive health leave policies.¹⁵ Use this research process to inform public consultation which can garner community action and leadership.¹⁶

Recommendation 5: Prevent reproductive coercion, abuse and violence

- 5.1 Acknowledge Australia's history of reproductive coercion, abuse and violence which has contributed to inequities for Aboriginal and Torres Strait Islander

¹² Brenna Bernardino (2022), 'In response to Roe V. Wade, we need reproductive justice now' at https://msi-australia.medium.com/in-response-to-overturning-roe-v-wade-we-need-reproductive-justice-now-ec7f09f120ce?source=friends_link&sk=7d5fb72b2795499ab199091148baf297

Delaram Ansari (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-delaram-ansari-the-road-to-abortion-equity-f32c3d0a18ae?source=friends_link&sk=170619e3f1a08e197f5e96ecc90a8749

¹³ MSI Australia (2020), Hidden forces: a white paper on reproductive coercion in contexts of family and domestic violence, at <https://www.msiaustralia.org.au/reproductive-coercion/>

¹⁴ Cohen, M.A., Powell, A.M., Coleman, J.S., Keller, J.M., Livingston, A. and Anderson, J.R., 2020. Special Ambulatory Gynecologic Considerations in the Era of COVID-19 and Implications for Future Practice. *American Journal of Obstetrics and Gynecology*.

¹⁵ Australian Women's Health Network (2022), Reproductive Health Leave at https://awhn.org.au/wp-content/uploads/2022/12/AWHN_Policy-brief_Reproductive-health-leave.pdf

¹⁶ Dr Romy Listo (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-dr-romy-listo-the-road-to-abortion-equity-e29acc27fc81?source=friends_link&sk=8e13be8a496a64e4fef8f3a5fdeb061a

women and girls. This includes forced contraception, abortion and sterilisation related to institutional and systemic racism.¹⁷

- 5.2 Enable spaces for victim-survivors of reproductive violence to share their stories and be heard. Consider a national inquiry into reproductive violence for people with disabilities starting with the removal of babies and children from parents with disabilities and forced sterilisation.¹⁸
- 5.3 Support reproductive justice programs, initiatives and services that are led by community-controlled organisations including by those that have experienced historic reproductive violence in Australia including communities that are Aboriginal and Torres Strait Islander, migrant and refugee, disabled, LGBTIQ+, sex workers and/or incarcerated.¹⁹
- 5.4 Support broader academic research partnerships to increase evidence and understanding of reproductive coercion prevention and response mechanisms. Build on these partnerships to develop communities of practice throughout Australia.²⁰

Recommendation 6: Link all relevant national strategies

- 6.1 The National Gender Equity Strategy must link to the *National Women's Health Strategy (2020-2030)*, the *National Men's Health Strategy (2020-2030)* and the *National Preventative Health Strategy (2021-2030)*. These strategies all need to be adequately resourced, implemented and monitored to ensure key measures of success are achieved, including equitable access to sexual and reproductive healthcare.

¹⁷ MSI Australia (2022), Apology for forced medical procedures linked to colonisation and racism in Australia at <https://www.msiaustralia.org.au/apology-for-forced-medical-procedures-linked-to-colonisation-and-racism-in-australia/>

¹⁸ Margherita Dall'Occo-Vaccaro (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-margherita-dallocco-vaccaro-the-road-to-abortion-equity-dfb3ee4e8aed?source=friends_link&sk=ac0410c90263d5e3ae83ea780e2a6c2c

¹⁹ Brenna Bernardino (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-brenna-bernardino-the-road-to-abortion-equity-101a7341959a?source=friends_link&sk=06e63b899af6b1be33ccb2b0a38c2e46

Margherita Dall'Occo-Vaccaro (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-margherita-dallocco-vaccaro-the-road-to-abortion-equity-dfb3ee4e8aed?source=friends_link&sk=ac0410c90263d5e3ae83ea780e2a6c2c

²⁰ MSI Australia (2020), Hidden forces: a white paper on reproductive coercion in contexts of family and domestic violence, at <https://www.msiaustralia.org.au/reproductive-coercion/>

6.2 Revisit and ensure linkages with recommendations of the *Bringing Them Home Report*²¹ and the Pathways Forward from the *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report*.²²

6.3 Link with Pharmaceutical Benefits Scheme (PBS) and Therapeutic Goods Administration (TGA) reviews to address sexual and reproductive health inequities including review of access to contraceptive rings, copper intrauterine devices, and the extension of gestational access to medical abortion.²³

6.4 Link with Medicare Benefits Schedule (MBS) reviews which should:

- Extend Medicare to all migrants, irrespective of visa category.²⁴
- Extend scope of health professionals including Registered Nurses and Midwife Practitioners for things like telehealth consults, ultrasound provision, and contraceptive implant insertion and removal.
- Make permanent item numbers for all providers of sexual and reproductive care via telehealth, including item numbers for contraceptive counselling, genetic counselling and medical abortion access.²⁵
- Consider how the MBS can be used alongside activity funding to enable choice of and universal access to contraception, surgical abortion and medical abortion in all States and Territories.

6.5 Enable space for intersex equity. Protect intersex rights by actioning the 2021 Australian Human Rights Commission report on recommendations for better

²¹ Commonwealth of Australia (1997) *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families* at <https://humanrights.gov.au/our-work/bringing-them-home-report-1997>.

²² Australian Human Rights Commission (2020), *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future* at <https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/wiyi-yani-u-thangani>

²³ Kapp, N., Eckersberger, E., Lavelanet, A. and Rodriguez, M.I., 2019. Medical abortion in the late first trimester: a systematic review. *Contraception*, 99(2), pp.77-86.

US Food and Drug Administration 2020, 'Mifeprex (mifepristone) Information'; at <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/mifeprex-mifepristone-information>.

²⁴ Dr Regina Torres Quiazon (2022), *The Road to Abortion Equity* speech at https://msi-australia.medium.com/defining-universal-access-by-dr-regina-torres-quiazon-the-road-to-abortion-equity-8eeb0ffb5876?source=friends_link&sk=8b3e7ffc532baf2fdcff7fd274222a0d and MCWH (2022) *Universal Access to Reproductive Health Senate Inquiry Submission*

²⁵ Mazza, Danielle, Seema Deb, and Asvini Subasinghe. "Telehealth: an opportunity to increase access to early medical abortion for Australian women." *The Medical Journal of Australia* 213, no. 7 (2020): 298-299.

Human Genetics Society of Australasia (2022), *Submission to the Commonwealth Department of Health MBS Review Advisory Committee: Provision of Services by FHGSA Registered Clinical Genetic Counsellors* at https://consultations.health.gov.au/medicare-reviews-unit/medicare-benefits-schedule-mbs-review-advisory-com/supporting_documents/HGSA%20Submission%20for%20MRAC%20Review.pdf

practice.²⁶ This includes legal protections, resourcing for independent psychosocial support, rights-affirming guidelines, education to address stigma, and community-led research.²⁷

6.6 Ensure education policy includes the provision of age-appropriate, culturally safe, community centred, relationships and sexuality education for people of all ages and all genders as a mechanism to support preventative health measures.

6.7 Connect with international aid and development policy to protect and increase funds for countries to achieve gender equity including self-determination in sexual and reproductive healthcare now and into the future.²⁸

²⁶ Australian Human Rights Commission (2022), Ensuring health and bodily integrity at <https://humanrights.gov.au/intersex-report-2021>

²⁷ Morgan Carpenter (2022), The Road to Abortion Equity speech at https://msi-australia.medium.com/speech-by-morgan-carpenter-the-road-to-abortion-equity-a13b7af294ac?source=friends_link&sk=41d8b38c87553246440b3c5eaf323bb4

²⁸ Howes, S. 2020, 'COVID-19: Implications for Australian Aid' viewed at DevPolicyBlog <https://devpolicy.org/covid19-implications-for-australian-aid-20200327/>

Khoo, E.J. and Lantos, J.D., 2020. Lessons learned from the COVID-19 pandemic. *Acta Paediatrica*.

Further information and feedback

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

Twitter: [@MSI_Australia](https://twitter.com/MSI_Australia)

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