
Census topic review submission

A call to increase data on sexual and reproductive health in the
2026 Census

Acknowledgement

MSI Australia 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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Executive Summary

After three years of acute pressure on health systems in Australia, it is timely that the Government consider how the Census can best capture data to inform health systems reform. Part of this reform needs to improve data availability related to sexual and reproductive health, bodies and lives.

We recommend that the 2026 Census incorporates the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 ("2020 Standard") in full.

The 2020 Standard is of current national importance, will be useful at multiple levels and will be referenced for generations to come. This submission provides background and context by summarising a series of research, policy and practice benefits.

Background

The ABS is undertaking a two-phase public consultation process to inform our recommendation on topics for the 2026 Census. This submission is relevant to Phase One, understanding what information the public would like the ABS to collect on the Census.¹

We consent to this submission being shared publicly online. We would welcome any opportunity to speak further on these matters.

We support submissions from our partner organisations on this consultation, including LGBTIQ+ Health Australia and Aboriginal Community Controlled Health Services.

MSI Australia

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

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.

At MSI Australia we provide the following services:

- STI tests and cervical screening

¹ ABS 2023, Census topic review at <https://www.abs.gov.au/census/2026-census-topic-review>

² MSI Australia (2020), 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/>

- 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
- Contraceptive care, including Long Acting Reversible Contraception
- 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 healthcare 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

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

Recommendation

Sexual and reproductive health access is critical for population health. When left untreated, sexual and reproductive health concerns can have chronic physical, mental, and social health impacts.⁵

³ MSI Australia (2023), Australian Choice Fund at <https://www.msiaustralia.org.au/donate/>

⁴ MSI Australia (2023), Policy Brief section of Resource Library at <https://www.msiaustralia.org.au/resources/document-library/>

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.

We recommend that the 2026 Census incorporates the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables, 2020 ("2020 Standard") in full.

The lack of data on sex, gender, intersex and sexual orientation is a barrier to universal access to sexual and reproductive health in Australia. It is impossible to plan, deliver, provide and evaluate healthcare for all populations, unless we know more about who our population is.

The need for sex, gender, intersex and sexual orientation data is supported in national policy and strategy, for example the *National Women's Health Strategy (2020-2030)* in which sexual and reproductive health equity is an indicator of success.⁶

Benefits

This section briefly outlines a series of research, policy and practice benefits.

Research benefits

Research benefits would include:

- Supporting the upcoming task to develop a national data set for induced abortions alongside a review of the World Health Organisation's (WHO) International Classification of Diseases (ICD) coding.⁷
- Informing 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.
- Informing national health data collection mechanisms to enable health consumer anonymity. Being able to review intersectional population health factors in reporting such as gender, intersex variation, disability, visa/residency status, sexual orientation, country of birth, year of arrival in Australia, and request for an interpreter.
- Monitoring representation and engagement in the health labour force. This research process could inform public consultation which can garner

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

community action and leadership for protective factors like reproductive health leave.⁸

- Informing qualitative research on the diversity of lived experiences of reproductive coercion, including non-carceral responses and alternative forms of reproductive justice for victim-survivors of reproductive violence.
- Measuring prevalence of reproductive coercion, including ongoing reviews and development of the Australian Bureau of Statistics (ABS) Personal Safety Survey.

Policy benefits

Policy benefits would include:

- Supporting the *National Women's Health Strategy (2020-2030)* and the *National Men's Health Strategy (2020-2030)* need to be adequately implemented and monitored to ensure key measures of success are achieved, including equitable access to sexual and reproductive healthcare.
- Monitoring if and how funds allocated to States and Territories enable sexual and reproductive health equity.
- Ensuring patient travel schemes are reviewed and increased to ensure that all those who must travel to access care, including their support people and any dependants, are safe, accommodated and supported at all times.
- Monitoring publicly funded health or hospital services that delay or refuse provision of sexual and reproductive healthcare, and to monitor equity in private funding pathways or related philanthropy.
- Developing organisational policy and procedures to ensure anti-discrimination and health equity, alongside operationalising conscientious objection with documented referral pathways and clinical risk mitigation plans.
- Supporting the recently formed National Women's Health Advisory Council, and other emerging advisory bodies to monitor and evaluate the state of sexual and reproductive health in Australia.
- Considering intersections of gender, intersex status and sexual orientation in Pharmaceutical Benefits Scheme and Therapeutic Goods Administration reviews to address sexual and reproductive health inequities including review of access to menstrual management and pelvic pain prevention.

⁸ 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

- Actioning areas of the 2021 Australian Human Rights Commission report on recommendations for better practice.⁹ This includes legal protections, resourcing for independent psychosocial support, rights-affirming guidelines, education to address stigma, and community-led research.¹⁰
- Ensuring that State and Territory pandemic management plans can plan for whole of population health needs, to ensure equitable and safe access to services in current and future pandemics.

Practice benefits

Practice benefits would include:

- Improving the equity and safety of support programs, initiatives and services that offer discreet and free public access to cervical and STI screening, condoms, dental dams and menstrual health products.
- Assisting in designing community-controlled health initiatives and services that innovate in sexual and reproductive healthcare and health information. In particular, these should be led by and for Aboriginal and Torres Strait Islander communities, people with disability, LGBTIQ+ populations, migrant and refugee communities and sex workers.¹¹
- Ensuring that sexual and reproductive health projects, clinical governance committees and programs are informed to incorporate a diversity of consumer perspectives that inform design, quality improvement and evaluation processes.
- Informing 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.¹²
- Informing tertiary education reviews that embed pre-service and in-service healthcare professionals' training and education on sexual and reproductive health access and care in all primary care, allied and mental health

⁹ Australian Human Rights Commission (2022), Ensuring health and bodily integrity at <https://humanrights.gov.au/intersex-report-2021>

¹⁰ 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

¹¹ 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

¹² 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

professional degrees, including identifying and responding to LGBTIQ+ populations.¹³

- Informing training and support for family, domestic and sexual violence professionals to promote early intervention and response to a diversity of population health needs.¹⁴
- Informing 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.
- Where any aspect of sexual and reproductive health provision is limited, we could ask key stakeholders to report annually on a capacity building plan to develop organisational policy, boost workforce and develop sexual and reproductive health infrastructure. We could have a nationwide goal to report on health outcomes, broken down according to the 2020 Standard, by 2040.

Conclusion

We understand that there would be limitations on the accuracy of the data, for example it would rely upon a head of household, it could involve assumptions or misunderstandings. These factors are an issue for any related studies, and we would always reference related data considering these limitations.

On merit, access to data from the 2020 Standard would be incredibly useful in informing health systems and services design which would have health benefits across populations in Australia.

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 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/>

Further information and feedback

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.

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

Facebook: [@AustraliaMSI](https://www.facebook.com/AustraliaMSI)

Instagram: [MSIAustralia_](https://www.instagram.com/MSIAustralia_)

Website: [msiaustralia.org.au](https://www.msiaustralia.org.au)

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

