Women's Health Tasmania

Inquiry into universal access to reproductive healthcare

DECEMBER 2022

Introduction

Women's Health Tasmania is a feminist organisation that provides evidence-based services and advocacy for better health outcomes for women. We are run by women for women, with the vision of women being informed and active decision-makers in our own health and wellbeing. Our definition of 'woman' is inclusive, and we provide reproductive health support services to all people who may become pregnant.

Women's Health Tasmania has been a leading voice in the development of better sexual and reproductive health systems and practices in Tasmania for over 30 years. Our recent work in this space includes the establishment of the Pregnancy Choices website,[1] the delivery of state-wide training workshops on pregnancy options and reproductive coercion, and the preparation of a new report into termination experiences titled *Talking to people about terminations of pregnancy in Tasmania.*

From this vantage point, Women's Health Tasmania is well placed to respond to the *Inquiry into universal access to reproductive healthcare* (the Inquiry). We welcome this opportunity to contribute to the Australian Government's understanding of and response to "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."[2]

General Comments

The scope of this submission is limited to the Tasmanian context in which Women's Health Tasmania operates and is informed by the experience of our service users and staff. While some features of the local context will likely be relevant to other regional and rural areas of Australia – for example, the requirement to travel long distances to access healthcare services and the scarcity of specialist services – other characteristics are unique to the Tasmanian socioeconomic landscape.

Importantly in relation to healthcare access, Tasmania's population health outcomes are inseparable from the state's overall experience of complex and sustained disadvantage. Tasmania has the unenviable title of being the country's "poorest state" with "among the worst education and health outcomes in the nation."[3] In fact, we are the state with the highest population of people with a disability,[4] the highest levels of smoking and obesity,[5] the highest pre-term birth rate,[6] and the lowest levels of literacy, educational attainment, and income.[7]

Despite this, Tasmania has fared relatively well in terms of systemic progress on reproductive healthcare, at least at the regulatory level. Termination of pregnancy was decriminalised in Tasmania in 2013, ahead of New South Wales, Queensland, South Australia and the Northern Territory.[8]

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[1] https://pregnancychoicestas.org.au/
[2] Terms of Reference, Inquiry into universal access to reproductive healthcare, 2022.
[3] "Making Tasmania less healthy, wealth and educated." Australian Financial Review, 3 May 2021.
[4] *Disability, Ageing and Carers Australia: Summary of Findings*. Australian Bureau of Statistics, 2019.
[5] *National Health Survey: State and territory findings*. Australian Bureau of Statistics, 2018.
[6] *Australia's mothers and babies*. Australian Institute of Health and Welfare, 2022.
[7] Eslake, Saul. "Tasmania failing the education test." Forty South Tasmania, 20 May 2021.
[8] Morandin, Poppy. "Is abortion legal in Australia?" Criminal Defence Lawyers Australia, July 2022.

Financial support for people in financial distress, including people who are not eligible for Medicare, to access surgical and medical terminations has been provided in Tasmania since 2018. Financial support for people on low incomes, including people who are not eligible for Medicare, to access long-acting reversible contraceptives (LARCs) has been provided in Tasmania since 2019. Free public provision of surgical terminations was guaranteed through regional hospitals in 2021.

While on paper these provisions have placed Tasmania ahead of all other Australian jurisdictions, in practical terms they have not always translated to the provision of safe and accessible reproductive healthcare for all Tasmanians. These and other characteristics of the Tasmanian experience are described within our response to the Terms of Reference, below.

Response to the Terms of Reference

a. cost and accessibility of contraceptives, including:

- ***i. PBS coverage and 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***

Women's Health Tasmania observes a need for better access to free or lower-cost contraceptive options in Tasmania. With only doctors able to prescribe contraception in the current system – other than 'the morning after pill' which is available from pharmacies, emergency departments and Family Planning Tasmania[9] – access to contraceptives is limited not only by the cost of the item itself but also by the cost and accessibility of GP appointments for prescribing (GP access issues in Tasmania are discussed in our response to 'c').

While improving PBS coverage of contraceptive options is important – for example, non-hormonal copper IUDs are not PBS-listed and generally cost between $70 and $100[10] – reducing item cost alone is unlikely to resolve barriers to contraceptive access for low-income and regional Australians.

Our staff hear reports of acute contraceptive access issues for Tasmanian communities in more isolated or rural areas of the state, where fewer pharmacies and limited opening hours mean people travel long distances both for appointments with prescribing GPs and to fill prescriptions. For young Tasmanians and those living on low incomes or in poverty, the cost of petrol and limited transport options can prohibit this option.

In the past, Women's Health Tasmania has supported proposals to allow pharmacists in Australia to provide repeat prescriptions of the pill as a better access initiative. In 2019 one such scheme was blocked by the Australian Government with the backing of the Australian Medical Association (AMA) and Royal Australian College of General Practitioners (RACGP), who opposed "any change that would

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[9] *Emergency Contraception*. Family Planning Tasmania: https://fpt.org.au/advice-and-information/contraception/emergency-contraception/

[10] *Long-acting reversible contraceptives: New evidence to support clinical practice.* Australian Journal of General Practice. Volume 51, Issue 4, April 2022.

allow pharmacists to encroach upon their prescribing role."[11] The Therapeutic Goods Administration dismissed another proposal in 2021 saying, "The use of oral contraceptive pills can cause significant adverse effects that are not consistent with over-the-counter medicines."[12]

Despite ongoing opposition from both the AMA and RACGP, individual states have forged ahead with over-the-counter trials. In October 2022 Queensland announced a pilot program that would allow pharmacists to provide repeat prescriptions for a range of health needs including oral contraceptives. NSW followed suit in November 2022, with the state's Health Minister pointing out that the reforms were considered "business as usual" in other countries such as Canada and the UK.[13]

While expanding the role of pharmacists in the provision of contraception is something that deserves further exploration nationally, we acknowledge that the way pharmacists enact prescribing responsibilities may be subject to bias, as it is for GPs. Already, Women's Health Tasmania hears that pharmacists with a moral objection to the 'morning after pill' may sell it a higher cost than those without an objection (the price point varies between $20 and $45 in Tasmania).[14]

With a tendency towards low reproductive health literacy as a starting point (see our response to 'e'), Women's Health Tasmania believes Tasmanians in general have low awareness of, and trust in, long-active reversible contraceptives and male contraceptive options. Growing dialogue about the pain and side effects associated with the insertion of LARCs and contraceptive implants may contribute to this.[15]

RECOMMENDATION 1: Make contraception free for people under 25 in Australia.

RECOMMENDATION 2: Add copper IUDs to the Pharmaceutical Benefits Scheme.

RECOMMENDATION 3: Develop resources about long-acting reversible contraceptive and male contraceptive options for widespread distribution.

RECOMMENDATION 4: Continue to explore models for over-the-counter access to contraception in Australia, including building evidence through trials.

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

Many of the known barriers to reproductive healthcare access in Australia – including stigma, undertrained and underutilised health workforces, and geographical distance to services – exist in Tasmania, together with a range of additional barriers linked to local factors within the state.

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[11] McCauley, Dana. "Ridiculous to force women to visit GP for repeat pill prescription, pharmacists say". *The Sydney Morning Herald*, 6 September 2019.
[12] Davey, Melissa. "TGA dismisses bid to make contraceptive pill available over the counter in Australia". *The Guardian*, 18 October 2021.
[13] Gorrey, Megan. "Pharmacists to prescribe contraceptives, antibiotics under health shake-up". *The Sydney Morning Herald*, 13 November 2022.
[14] *Emergency Contraception*. Family Planning Tasmania: https://fpt.org.au/advice-and-information/contraception/emergency-contraception/
[15] "Background Briefing: The tiny device that can cause huge pain". ABC Radio National, 28 October 2022.

Women's Health Tasmania has recently undertaken primary research into termination experiences in Tasmania and our discussion here focuses on termination services for this reason, and because we speak to reproductive healthcare more broadly in our other responses.

Termination of pregnancy has been legal in Tasmania since 2013 when it was removed from the Tasmanian Criminal Code. Regardless of this regulatory shift, there have been major practical barriers to accessing a termination in Tasmania in recent years. The closure of dedicated clinics for surgical terminations in Launceston in 2016 and Hobart in 2017 left the state with limited access and caused confusion among health practitioners about whether terminations were available at all.

The provision of medical terminations was also limited until Family Planning Tasmania expanded its service delivery in 2018, prompting more GPs to train to provide this service. Access in the north finally improved in late 2021 with expansion of surgical termination services to public hospitals in northern and north-western regions.

Notably, Tasmania does not have routine data collection of GP referrals for termination of pregnancy services, unlike some other jurisdictions. Here data is spread across several systems and four Medicare item numbers and is not collated, making service planning and policy development difficult. The fragmenting of information across systems also exacerbates the existing risk of data breaches resulting from cyber-attacks. Concerningly, following the Medibank hack that exposed 9.7 million Australian customers in November 2022, abortion data was amongst the sensitive health information posted to the dark web.[16]

A range of common local and place-specific barriers emerged from the accounts of Tasmanian service users who contributed to our research into termination experiences. These barriers are described below under the subjects: cost, regional and time-specific scarcity of services, fragmented processes, patchy aftercare, judgemental attitudes, and a lack of information, privacy and inclusivity.

- ***Cost***

Participants in our research included people having terminations just prior to, and just after, the introduction of free surgical terminations through public hospitals in October 2021, when there was still some confusion about referral pathways. Their stories demonstrate the impact of the high cost of these services. Tasmanian service users reported paying between $200 and $1500 to access a termination. They said the costs built up across the process from GP consults, ultrasounds, specialist fees, medication, travel to appointments – especially from regional areas – and aftercare requirements. Most people said the cost of their termination had caused them financial hardship and that they had relied on a partner, friend or family member to help pay for it.

- ***Regional and time-specific scarcity of services***

Service users reported difficulty accessing termination services both in regional areas of Tasmania and at certain times of the year. For one person in the North-West, the GP shortage made it hard to find a doctor who would provide a termination referral, particularly as she wanted to avoid GPs she knew in a professional capacity.

Another person shared their experience of needing to access termination services over the New Year holiday period. This proved to be difficult with many services closed.

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[16] Taylor, Josh. "Abortion data from Medibank hack posted on dark web as Clare O'Neil pledges to pursue 'scumbags'". *The Guardian*, 10 November 2022.

> *New Year's Eve I did a pregnancy test, and it was positive. I just started Googling and spiralling because nothing was open. I couldn't call anyone. When it came to the next business day, still nothing was still open. I tried to call [a specialist service]. I was on hold for 40 minutes and I got hung up on and told to leave a message. I just had no control over the situation at all. It was horrible. It took weeks to get an appointment because [the specialist service] was closed. I just panicked. I was pregnant New Year's Eve all the way through till mid-February.*

- ***Fragmented processes***

Most people said the process of having a termination was fragmented, particularly in terms of finding out how to access the procedure and receiving aftercare. GPs without specialised training in terminations added to the issue, with several people commenting on the confusion they experienced until they were referred to a specialist saying, "it was chaos until we went into the private system."

Contributing to fragmentation was the problem of having to go to multiple places and practitioners for different stages of the process from the initial appointment, ultrasounds, blood tests, appointments with a specialist, the actual procedure, and then follow up tests and appointments. This was particularly hard for people in regional locations where there were often long geographical distances between all these appointments.

- ***Patchy aftercare***

Service users said the fragmented process of accessing a termination in Tasmania contributed to a poor standard of aftercare. Some people reported having no follow up at all after a medical termination, leading to anxiety about whether the procedure had worked. Most had blood tests, but this usually just meant a quick follow up phone call to confirm the termination had been successful.

Most service users felt clinical follow up alone (the test to ensure the pregnancy is terminated) was insufficient, representing only part of the aftercare they needed. Generally, they felt unprepared for a medical termination and that they wanted to talk to their doctors after the experience.

There were also examples of mistreatment resulting from substandard aftercare – for example, one woman went through four rounds of medication termination including ultrasounds at each stage because the GP "just didn't seem sure" what was normal and what wasn't. She was later told by a different healthcare practitioner that this had been "totally unnecessary overtreatment."

- ***Judgemental attitudes***

Encountering judgemental attitudes from doctors providing termination care in Tasmania was common, with multiple service users describing distressing experiences in which they felt criticised, dismissed and disrespected.

> *I felt judged by the GP, to be honest. She was quite condescending, and it made me feel really terrible. She just said, "Oh it's really up to you I guess, but I've got three kids, and you've already got two kids so you know you can do it. Just keep the baby." I remember being really quite angry and feeling even more ostracized.*

People also described receiving patronising and judgemental comments from other healthcare staff throughout the termination process.

I couldn't really believe how many passing comments I got. I feel it should be more neutral. I had a sonographer at one of my ultrasounds who, when I mentioned that I had polycystic ovaries in the past, made a passing comment because she saw the referral and said, "Well with polycystic ovaries you just don't know when you might be able to get pregnant again."

- ***Lack of information***

Most people said finding out how to get a termination in Tasmania was hard. For the majority, the first point of contact was their GP, or they looked online – where they reported information was scarce. For those who went to a GP first, nearly all had poor experiences. This was reported as GPs seeming to have a lack of knowledge and information about the options in Tasmania. This lack of knowledge included the different avenues available through public and private healthcare providers and the relative potential benefits and risks of surgical and medication terminations.

It's just absolutely mind boggling that such an essential service is not obvious. If the GPs don't even know what to do, how am I, as a non-medical professional, supposed to know where to go?

The lack of health practitioner knowledge had a direct impact on service users' experiences of the termination, with most people saying they received inadequate information about what to expect from the process, including pain and duration of the experience, and felt poorly prepared for what they went through.

- ***Lack of privacy***

The issue of privacy in regional areas of Tasmania was a recurring one for people seeking terminations. In small towns, the feeling that people personally knew all the healthcare providers including GPs, pathology and ultrasound staff, and pharmacists added to a sense of stigma.

It was awful because it was meant to be very private. It ended up that I needed to see so many different people in so many different places, so I felt in the end [the termination] was this very public thing. I was telling my story 10,000 times. And you already have that guilt which made it so much worse when I had to keep explaining myself. I wanted it kept private, I was already humiliated.

- ***Lack of inclusivity***

People whose experience is socially and structurally marginalised – including culturally and linguistically diverse people, LGBTQIA+ people and people with a disability – said the existing barriers to termination access in Tasmania are compounded by a lack of inclusive healthcare systems and practices.

Service users in these cohorts commonly reported discrimination from the health workers and services they encountered in the course of accessing a termination. This discrimination included targeted comments and microaggressions, as well as a general sense that the services were not designed for them.

RECOMMENDATION 5: Establish routine data collection of GP referrals for terminations in Tasmania, in line with other Australian states.

RECOMMENDATION 6: Further resourcing of specialist termination services and practitioners in Tasmania to ensure service availability meets demand especially during public holiday periods.

RECOMMENDATION 7: Clear information on where to get a termination and the options available in Tasmania be made publicly available through diverse channels.

RECOMMENDATION 8: Termination providers routinely book a follow-up appointment after the post-termination confirmation blood test to support patients' physical and emotional wellbeing.

RECOMMENDATION 9: A review of the written information provided to patients before and after a medical termination of pregnancy be conducted with a view to developing best practice resources.

RECOMMENDATION 10: Healthcare workers in Tasmania be trained in inclusive healthcare practices and regularly evaluated against inclusive healthcare standards.

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*

Tasmania's chronic GP shortage has produced an ongoing scarcity of GP appointments and appointments with female GPs particularly, which many women prefer for sexual and reproductive health-related matters. Even in Tasmania's urban centres it is not uncommon to wait more than six weeks for an appointment with a woman GP.

For the large number of Tasmanians who cannot afford the cost of a standard GP appointment the situation is even more dire, with bulk-billing GPs now virtually impossible to find.[17] Unsurprisingly, the GP shortage is worst in rural areas of Tasmania and areas of high disadvantage – the East Coast, Tasman Peninsula and Huon Valley were named in a recent article by The Guardian.[18]

Notably, of the GP workforce in Tasmania, relatively few provide specialist reproductive services, such as medical termination of pregnancy (MTOP) and IUD insertion and removal. The fact that Medicare rebates significantly undervalue the time and complexity involved in delivering reproductive healthcare, and women's healthcare generally, is surely a factor here. A recent comparison of rebates identified a clear "gender Medicare gap" with, for example, an ultrasound of the scrotum attracting a higher government rebate than an ultrasound of a breast.[19]

The issue of GP access is one that extends well beyond Tasmania and currently in Australia there are several primary care review and reform processes underway, including the Australian Government's Strengthening Medicare Taskforce,[20] and the Australian Medical Association's seven-point *Plan to Modernise Medicare.*[21]

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[17] Bovill, Monte. *Bulk-billing doctors nowhere to be found, with this Tasmanian mum finding it's cheaper to fly interstate.* ABC News, 21 July 2022.
[18] Davey, Melissa. *Mind the gap: bulk-billing in crisis.* The Guardian, 12 August 2022.
[19] Thompson, Kara. The Gender Medicare Gap is seeing women pay more for ultrasounds and other health services. Women's Agenda, 11 August 2022.
[20] *Strengthening Medicare Taskforce*. Australian Government: https://www.health.gov.au/committees-and-groups/strengthening-medicare-taskforce.
[21] *AMA's Plan to Modernise Medicare*. Australian Medical Association, 2022.

Women's Health Tasmania believes the Australian Government should, as a matter of urgency, finalise a primary care reform plan that includes shifting from fee-for-service healthcare to a blended funding model and adopting multidisciplinary care models.[22]

In fact, we suggest many reproductive health processes and procedures are in practice multidisciplinary already. In the course of accessing a termination, for example, a patient may well receive services from a GP, an obstetrician or gynaecologist, a nurse, a phlebotomist, a sonographer and a pharmacist.

In recognition that all health workers involved in the delivery of reproductive healthcare should be trained in best practice, and because the existing GP-reliant model of care is failing, Women's Health supports the reform of reproductive healthcare delivery in Australia, including the upskilling of nurses and midwives to deliver MTOP.

RECOMMENDATION 11: Overhaul the Australian primary care system to improve GP access with a reform plan that includes shifting to a blended funding model and adopting multidisciplinary care models.

RECOMMENDATION 12: Increase Medicare rebates for reproductive healthcare interventions to accurately reflect the time and complexity of these services.

RECOMMENDATION 13: Upskill nurses and midwives to deliver medical termination of pregnancy.

RECOMMENDATION 14: Develop shared, best practice reproductive healthcare training, policies, procedures and resources for use across healthcare sectors and services.

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

While some service users in Tasmania report positive experiences accessing sexual and reproductive healthcare, Women's Health Tasmania hears frequently from people who have experienced care that is insensitive, dismissive, discriminatory, traumatic and at times dangerous.

Stories of doctors not listening to people when they self-advocate about what is right for their bodies are common, particularly in relation to contraception, with doctors tending to make assumptions about what is best for the patient regardless of their preferences and medical history. A woman in her 40s told us:

> *I had a new GP refuse to write me a script for the Pill (I'd been on it for several years without a problem) because she said I was too old and insisted I take a script for an IUD. However, I've got a number of friends who had terrible experiences [with IUDs], so I didn't get it. I changed to condoms instead.*

It is especially common to hear that people have felt dismissed and judged by practitioners when seeking a termination in Tasmania. Multiple people who contributed to our report on terminations said they were "told off" or "scolded" by doctors who seemed to believe that to have an unwanted pregnancy was to be irresponsible.

[22] Breadon, Peter. *How to fix Australia's general practice clinics.* The Conversation, 23 August 2022.

There were also many instances of people saying they received problematic comments from other healthcare staff throughout the process. Lack of communication between healthcare services was a factor in this, with one person reporting having blood tests taken ahead of a termination by a health worker who believed they were administering pregnancy care:

> *I remember sitting at the Latrobe Hospital in their pathology department and the lady there was putting the needle in for the bloods, and she was like, "How exciting you're having a baby!" and I just start crying and was like, "I don't want a baby! I don't want one."*

Given what is – anecdotally at least – a disappointingly poor baseline for reproductive healthcare in Tasmania, it is not surprising few people report experiencing an exceptional standard of care, including trauma-informed and culturally appropriate practices. When service users do report positive experiences, however, there is considerable consistency in the features of care that have made their experience a better one. These include specialist knowledge, choice, judgement-free and compassionate care, privacy, inclusiveness and continuity.

- ***Specialist knowledge:*** Service users describe reproductive healthcare delivered by specialist services and practitioners as more coherent, consistent, and free of judgement compared to services that are not specialised or dedicated.
- ***Choice:*** Service users report the value of being given clear, unbiased information about their reproductive healthcare options and being supported to make their own choices based on personal circumstances, preferences, and medical history.
- ***Judgement-free:*** Service users say good reproductive healthcare is free of bias, moral judgement, assumptions, stigma, coercion and condescending or dismissive comments.
- ***Compassionate:*** Service users say reproductive healthcare that is delivered sensitively and kindly makes all the difference.
- ***Privacy:*** Service users emphasise the imperative of client privacy and confidentiality in the delivery of reproductive healthcare, including within inter-service referrals and communication.
- ***Inclusiveness:*** Service users say reproductive healthcare that values and accommodates diversity (in relation to gender and sexuality, able-bodiedness, culture and language, income, and work status, amongst other things) is vital.
- ***Continuity:*** Service users report the benefits of reproductive healthcare services and practices that provide continuity of care, meaning clients are not bounced between services, re-telling their story repeatedly.

In summary, one Tasmanian service user said:

> *All procedures, their purposes, risks, complications, and benefits should always be fully explained to patients. When questions are asked, they should never be dismissed... services should ensure all staff are trained in trauma informed care; receiving insensitive care at such a vulnerable time could result in dangerous outcomes.*

RECOMMENDATION 15: Training in best practice sexual and reproductive healthcare be given to health professionals and students (including gynaecology and GP trainees, nurses, nurse practitioners, sonographers, midwives, and pharmacists), including a focus on understanding and

implementing compassionate, empathetic, non-judgemental, culturally appropriate and trauma-informed practice.

RECOMMENDATION 16: Further resourcing of specialist reproductive healthcare services and practitioners within Australia's public health system.

e. sexual and reproductive health literacy

According to the Tasmanian Department of Health, more than three out of five Tasmanians do not have adequate health literacy[23]. A national consensus statement released in 2017 by the Australian Healthcare and Hospitals Association (AHHA) emphasised that with regard to reproductive health in particular, "There is a lack of information designed for specific audiences, such as for those with low literacy and low health literacy, those on low incomes, those from culturally and linguistically diverse backgrounds (e.g. refugee, asylum seekers, migrants), Aboriginal and Torres Strait Islander people, women of varying ages (12 to 55 years), women with specific medical conditions (e.g. cardiac disease, diabetes), people living with disabilities, homeless people, men, those experiencing domestic violence, those in care and protection and justice services."[24]

These significant gaps in the provision of targeted sexual and reproductive health information are borne out by the experience of health workers in Tasmania who report low levels of reproductive health knowledge and self-agency in the populations they support.

In delivering a recent workshop on pregnancy options and reproductive coercion in Burnie, for example, Women's Health Tasmania workers heard that school-aged people in north-west Tasmania have limited access to sexual and reproductive health information, particularly on contraception and pregnancy options. The varying range and quality of sex education offered in local Government schools was named as a key factor in this and viewed as unlikely to improve for as long as the delivery of sex education remains at the discretion of individual schools in Tasmania, rather than mandated system wide.

Reproductive health literacy in Tasmania is further hampered by factors that likely exist in most Australian communities, such as the general assumption within families, the healthcare system and the broader community that the responsibility for sexual and reproductive health literacy and management rests with women.[25] Similarly, in Tasmania as in other states, we often hear of inconsistent and/or conflicting advice being provided by healthcare professionals and poor communication between and within health services themselves, leaving patients confused about the health information they have received.

RECOMMENDATION 17: Mandate the delivery of standardised, comprehensive sex education in all Australian schools.

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[23] *Health Literacy*. Tasmanian Department of Health: https://www.health.tas.gov.au/professionals/health-literacy.

[24] *Consensus Statement: Reducing Unintended Pregnancy for Australian Women Through Increased Access to Long-Acting Reversible Contraceptive Methods*. Australian Healthcare and Hospitals Association, July 2017.

[25] Donegan, Moira. *It's time for men to step up and share responsibility for birth control.* The Guardian, 6 June 2019.

RECOMMENDATION 18: Develop targeted sexual and reproductive health resources for underserved populations such as people on low incomes, people with low literacy, men, and people from culturally and linguistically diverse backgrounds.

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

Sources including the Australian Department of Health, the Australian Bureau of Statistics and Women with Disabilities Australia all indicate that people with disabilities in Australia experience poorer sexual and reproductive health outcomes than the general population.[26]

Research attributes these discrepancies to the impacts of discrimination and ableism manifesting as negative attitudes towards sex and disability from healthcare providers; inaccessible information and communication; and physical barriers to services.[27]

An example of how these factors impact health outcomes is the percentage of age-eligible women with an intellectual disability to have accessed cervical screening in the past two years (17.1%) versus the percentage of age-eligible women in the general population (83.7%).[28] Here the assumption by health workers that women with intellectual disabilities are not having sex is creating a specific health risk for this group.

Complicating reproductive healthcare access for people with a disability is the fact that society affords less privacy and bodily autonomy to people with a disability generally,[29] and that people with a disability are more likely to be the targets of reproductive coercion by the state – for example, forced sterilisation policies[30] – as well as in personal relationships, where a life partner may also act as a carer and/or control their access to contraception, medication and healthcare services.[31]

Women's Health Tasmania suggests the Inquiry should examine with urgency the still-legal forced sterilisation of people with disability in Australia, particularly women and girls with disability, and people with intersex variations, with a view to prohibiting the sterilisation of any person in Australia without their consent.[32]

In terms of enabling people with disability to navigate reproductive healthcare services with autonomy and free of coercion, Women's Health Tasmania has received feedback suggesting both advocacy and practical support-worker services would be helpful. Regarding accessing a termination, one person with disability said:

> *I had medical issues and the impacts of my disability were significant at the time. It would have been helpful for there to be practical supports—someone to come in and give practical support like helping with meal prep, self-care, or practical house stuff. I was quite unwell following the*

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[26] *2016 Personal Safety Survey*. Australian Bureau of Statistics, 2016.
[27] *Facts on Sexual and Reproductive Health for Women with Disabilities*. Women with Disabilities Victoria, 2021.
[28] Ibid.
[29] *Bodily Autonomy and the Right to Privacy: What They Are, How They Affect People with Disabilities, and Why We Need to Protect Them*. Autistic Self Advocacy Network: https://autisticadvocacy.org/actioncenter/issues/repro/autonomy.
[30] Ibid.
[31] *WWDA Position Statement: Sexual and Reproductive Rights*. Women with Disabilities Australia, 2016.
[32] *Factsheet: Forced Sterilisation of People with Disability and People with Intersex Variations.* Disabled People's Organisations Australia, 2018.

> *medical termination and I didn't have anyone available to look after me because I was living on my own at the time.*

Women's Health Tasmania knows of specialist educators at Family Planning Tasmania who can provide tailored sexual and reproductive health advice to people with a disability, however we are not aware of any services offering specialist advocacy or practical supports.

RECOMMENDATION 19: The sterilisation of any person without their full and free consent be prohibited in Australia.

RECOMMENDATION 20: Provide links between sexual and reproductive healthcare services and advocacy services for people with a disability and other minority groups.

RECOMMENDATION 21: Provide links to practical supports in conjunction with sexual and reproductive healthcare for people with a disability.

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

Feedback received by Women's Health Tasmania indicates transgender people, non-binary people and people with variations of sex characteristics do not have access to safe, non-discriminatory sexual and reproductive healthcare in Tasmania.

People in these groups report multiple barriers and multiple forms of discrimination when accessing Tasmanian services, most commonly in the form of homophobic or transphobic microaggressions, such as healthcare practitioners using the wrong pronouns, not asking about pronouns, misgendering them, or assuming they are straight. This is seen to come from a lack of knowledge and understanding across the healthcare workforce, from receptionists to ultrasound technicians to doctors.

The consistent mistreatment of trans and non-binary people and their partners, and a general lack of understanding of LGBTQIA+ relationships, amounts to what is a poor standard of reproductive healthcare for any gender diverse person in Tasmania. For example, in Women's Health Tasmania's research one service user highlighted the major risks involved with doctors recommending standard hormonal contraception to transgender people where this would interact negatively with gender affirming hormonal treatments they may be on.

Regarding accessing terminations, one trans couple reported being forced into the private system because a GP saw their case as being 'too complicated' for the public system. They felt this meant they had to spend money they didn't have because they were not given the option of public healthcare. They reported:

> *I saw a random GP. He basically flapped around a lot and couldn't cope because I was a trans person and my spouse was also a trans person. He did a really bad job. I didn't understand the information he was trying to give me because he was giving it to me in such a tentative, fragmented way. He didn't provide any coherent information on the public system and basically said, 'It'll be better for you to go private because your situation is complicated.' I'm 90% sure that that was just him panicking about us being trans and deciding that therefore it must be complicated.*

Additionally, the places where terminations happen in Tasmania are often highly gendered – for example, women's clinics. For people such as trans men and non-binary people, being required to access treatment at a 'women's clinic' may be uncomfortable because it implicitly misgenders them and invalidates their gender identity.

RECOMMENDATION 22: Healthcare workers providing sexual and reproductive health services be given education and resources on how to provide LGBTQIA+ inclusive healthcare.

h. availability of reproductive health leave for employees

Women's Health Tasmania supports, and has publicly advocated for, the introduction of workplace policies and practices that recognise and accommodate the body at all stages of life and across sex and gender spectrums, including menstrual and menopause leave.[33]

In Tasmania employers are yet to adopt such policies, despite a growing national conversation around the need for improved workplace responses to reproductive health-related circumstances such as menstruation, pregnancy, miscarriage, stillbirth, fertility treatments, vasectomies, hysterectomies, gender affirmation therapies, endometriosis and pelvic floor dysfunction.[34]

Without a legislative or industrial framework in place to facilitate leave or flexible working arrangements that accommodate these circumstances, Tasmanians continue to report experiences of reproductive health stigma and embarrassment that impact their work, professional opportunities and relationships.

In researching the termination report, for example, we heard from a woman who felt she had to tell colleagues at work she had experienced a miscarriage to explain taking sick leave because she was afraid of the stigma of saying she had undergone a termination. This meant she then had to deal with condolences she did not want.

Both in recognition of the human cost of ignoring reproductive health needs in the workplace, and because it is a known factor limiting workforce participation for women and gender diverse people, Women's Health Tasmania will continue to advocate strongly for the introduction of reproductive health policies and practices in Tasmania and beyond.

Ultimately, we would like to see an inclusive definition of reproductive leave be incorporated into the National Employment Standards as a legal requirement in Australian workplaces.

RECOMMENDATION 23: Add reproductive leave pertaining to all life stages and across sex and gender spectrums to the list of minimum entitlements provided by the National Employment Standards.

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[33] Gwynn, Liz. "Tasmanian businesses urged to introduce menstrual, menopause leave to help remove stigma." ABC News, 12 July 2021.
[34] "Balancing work and fertility demands is not easy – but reproductive leave can help." The Conversation, 25 November 2021.

i. *any other related matter*

Women's Health Tasmania believes reproductive coercion and its impact on access to reproductive healthcare should be an issue of concern for the Inquiry.

Also called reproductive abuse or violence, reproductive coercion happens when someone is influenced or prevented from making their own choices about their reproduction. In the experience of the Tasmanians who contributed to our report on termination experiences, reproductive coercion either by family members or healthcare practitioners is not an uncommon experience.

Those who had experienced coercion from partners or family regarding their reproductive health decision-making said this pressure caused doubt and anxiety and impacted their choices. They also said the coercion was not noticed by healthcare practitioners even when occurring in the context of broader domestic violence.

In two such cases, no healthcare practitioner asked relevant questions about the relationship, the patient was not asked if they wanted their partner to leave the room during consults, and no counselling or referrals were offered.

There were also reports of reproductive coercion coming directly from healthcare practitioners. Some participants said they had experienced practitioners trying to influence their decisions regarding contraception and terminations.

Notably, Tasmania's legislation does not require GPs to disclose their position as conscientious objectors, meaning a person seeking a GP referral for a termination has no way of knowing whether their GP supports reproductive choice or not.

In one example, a person who asked for a referral for a termination was referred by her GP to a specialist who did not perform terminations. Her appointment was treated like a pregnancy consult and she was shown the foetus on an ultrasound and then given no information about where to go for a termination.

RECOMMENDATION 24: Healthcare practitioners be given resources and education on recognising the signs of domestic violence and reproductive coercion and be supported to practice appropriate referral and intervention approaches.

Summary of Recommendations

RECOMMENDATION 1	Make contraception free for people under 25 in Australia.
RECOMMENDATION 2	Add copper IUDs to the Pharmaceutical Benefits Scheme.
RECOMMENDATION 3	Develop resources about long-acting reversible contraceptive and male contraceptive options for widespread distribution.
RECOMMENDATION 4	Continue to explore models for over-the-counter access to contraception in Australia, including building evidence through trials.
RECOMMENDATION 5	Establish routine data collection of GP referrals for terminations in Tasmania, in line with other Australian states.
RECOMMENDATION 6	Further resourcing of specialist termination services and practitioners in Tasmania to ensure service availability meets demand especially during public holiday periods.
RECOMMENDATION 7	Clear information on where to get a termination and the options available in Tasmania be made publicly available through diverse channels.
RECOMMENDATION 8	Termination providers routinely book a follow-up appointment after the post-termination confirmation blood test to support patients' physical and emotional wellbeing.
RECOMMENDATION 9	A review of the written information provided to patients before and after a medical termination of pregnancy be conducted with a view to developing best practice resources.
RECOMMENDATION 10	Healthcare workers in Tasmania be trained in inclusive healthcare practices and regularly evaluated against inclusive healthcare standards.
RECOMMENDATION 11	Overhaul the Australian primary care system to improve GP access with a reform plan that includes shifting to a blended funding model and adopting multidisciplinary care models.
RECOMMENDATION 12	Increase Medicare rebates for reproductive healthcare interventions to accurately reflect the time and complexity of these services.
RECOMMENDATION 13	Upskill nurses and midwives to deliver medical termination of pregnancy.
RECOMMENDATION 14	Develop shared, best practice reproductive healthcare training, policies, procedures and resources for use across healthcare sectors and services.

RECOMMENDATION 15	Training in best practice sexual and reproductive healthcare be given to health professionals and students (including gynaecology and GP trainees, nurses, nurse practitioners, sonographers, midwives, and pharmacists), including a focus on understanding and implementing compassionate, empathetic, non-judgemental, culturally appropriate and trauma-informed practice.
RECOMMENDATION 16	Further resourcing of specialist reproductive healthcare services and practitioners within Australia's public health system.
RECOMMENDATION 17	Mandate the delivery of standardised, comprehensive sex education in all Australian schools.
RECOMMENDATION 18	Develop targeted sexual and reproductive health resources for underserved populations such as people on low incomes, people with low literacy, men, and people from culturally and linguistically diverse backgrounds.
RECOMMENDATION 19	The sterilisation of any person without their full and free consent be prohibited in Australia.
RECOMMENDATION 20	Provide links between sexual and reproductive healthcare services and advocacy services for people with a disability and other minority groups.
RECOMMENDATION 21	Provide links to practical supports in conjunction with sexual and reproductive healthcare for people with a disability.
RECOMMENDATION 22	Healthcare workers providing sexual and reproductive health services be given education and resources on how to provide LGBTQIA+ inclusive healthcare.
RECOMMENDATION 23	Add reproductive leave pertaining to all life stages and across sex and gender spectrums to the list of minimum entitlements provided by the National Employment Standards.
RECOMMENDATION 24	Healthcare practitioners be given resources and education on recognising the signs of domestic violence and reproductive coercion and be supported to practice appropriate referral and intervention approaches.

For further information in relation to this submission please contact:

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