

## **LHA Opening Remarks to Senate Inquiry in Universal Access to Reproductive and Sexual Healthcare**

### **Zed:**

We want to thank the Senate Community Affairs References Committee into Universal Access to Reproductive and Sexual Healthcare for the opportunity to provide a statement, following on from our submission which focussed on the experiences of lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse (LGBTIQ+) people.

My name is Zed Tintor and I am Deputy Chief Executive Officer at LHA. LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA has a diverse membership that spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers and individuals. One of these members is A Gender Agenda, who is here with me today.

### **Vik:**

And my name is Vik Fraser and I am the Executive Director at A Gender Agenda. A Gender Agenda aims to support the goals and needs of the intersex, transgender and gender diverse communities of Canberra and the surrounding region.

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While there is limited population-level data on LGBTIQ+ people's access to reproductive and sexual health services, available information shows significant barriers accessing these services. This includes personal and/or structural discrimination that preferences heterosexual, cisgender - that is non-trans and endosex – that is non-intersex- norms. The lack of available and affordable services also impedes access.

In the submission, we call for:

- for funding to develop, in consultation with LGBTIQ+ communities, best practice LGBTIQ+ reproductive and sexual health guidelines for services. Such guidelines should be trauma informed, to ensure culturally sensitive and welcoming services for people of diverse gender, sexual orientation and bodies.
- full implementation of the ABS Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables 2020 all health and wellbeing data collection to ensure accurate and comprehensive data on LGBTIQ+ people.

Aside from these overall recommendations, we make specific comments in relation to the three distinct and diverse areas of (1) gender identity<sup>1</sup>, (2) innate variations of sex characteristics<sup>2</sup> and (3) sexual orientation<sup>3</sup>. They are:

**Vik:**

1. **Trans, gender-diverse and non-binary people** lack access to affordable, culturally safe reproductive and sexual health services due to issues ranging from use of incorrect pronouns to lack of respectful engagement that acknowledges the individual's experiences and needs. Sexual health in relation to trans, gender-diverse and non-binary people needs to be defined broadly to include gender affirming, general, specialist and mental health care.
2. **People born with innate variations of sex characteristics** continue to have reproductive and sexual healthcare decisions limited due to legal framework that allow unnecessary medical interventions without their consent, often during childhood. These interventions can result in infertility and absence of sexual pleasure. Urgent reform to prohibit interventions that are not medically necessary is needed to protect their reproductive and sexual health rights.

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3. **Gay, lesbian and bisexual people** face discrimination when seeking Medicare-subsidised IVF and other reproductive and sexual health services, due to historic policy assumptions that only 'medically' infertile individuals deserve subsidised access. Cost is a barrier for gay, lesbian and bisexual people who cannot afford private rates for IVF and other reproductive services. People of diverse sexual orientation also have limited access to Medicare subsidy for surrogacy.
4. **All LGBTIQ+ populations** experience discrimination and need reform to equitably access publicly funded services through Medicare and the PBS services. They also experience inaccurate and/or inappropriate data collection when accessing reproductive and sexual health services

**And to address the range of inequities that compromise access for our communities to these crucial services**, we recommend the development of best practice LGBTIQ+ reproductive and sexual health guidelines for services. These guidelines should be trauma informed, to ensure culturally sensitive and welcoming services for people of diverse gender, sexual orientation and bodies.

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<sup>1</sup> *Gender* is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. Australian Bureau of Statistics (ABS) Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables (2020 Standard), <https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/latest-release>.

<sup>2</sup> *Variations of sex characteristics* refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. It refers to a wide spectrum of variations to genitals, hormones, chromosomes and/or reproductive organs. (ABS 2020 Standard)

<sup>3</sup> *Sexual orientation* is an umbrella concept that encapsulates sexual identity (how a person thinks of their sexuality and the terms they identify with); attraction (romantic or sexual interest in another person); and behaviour (sexual behaviour). (ABS 2020 Standard)