

# Submission

to

Senate Community Affairs Committee

## **Inquiry into Therapeutic Goods Amendment (Repeal of Ministerial responsibility for approval of RU486) Bill 2005**

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**Submitted 15<sup>th</sup> January 2005.**

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### **The Women's Department Monash Student Association.**

The Women's department is an autonomous part of the Monash Student Association (MSA), which is the representative of the 23,500 students studying off campus and on at Monash University Clayton Campus. The Student Association, in existence since 1964 has a proud tradition of combining representation, advocacy and services for all students.

To reflect their member-directed principles, the MSA created a Women's Department by referendum of students in the 1980s. Currently the Women's Department consists of a Women's Officer who works with a volunteer Women's Affairs collective to ensure representation of all female students. The key concerns of the Women's Department are to ensure that study at Monash University is accessible to all female students, by ensuring necessary services and preventing discrimination on campus. In keeping with these goals, the Women's Department runs awareness campaigns, provides a referral service, lobbies governments regarding issues that effect women at Monash and engages with students individually when required.

Women are enrolling in tertiary education in higher levels than ever before seen. Fifty-five percent of Monash Clayton students are women. This is pleasing in a sector which has for far too long been dominated by men. Equity in the higher education sector is about far more than numbers, however, and the new challenge facing universities is to ensure that women are able to reach their full potential and take advantage of all opportunities, now that they are here. Women's experience of university is markedly different from men. Women daily face discrimination and harassment. Campus can often be an unsafe place, particularly for women. One such factor that can severely affect a female student's ability to effectively study and complete her degree is an unplanned and unwanted pregnancy.

Female students who unexpectedly become pregnant are faced with an often-terrifying situation and enormous decision to make. Many know that it would be incredibly difficult to maintain their current study level and raise a child. It is just not financially possible as student income support is at such unacceptable standards. Although they may be mature

and competent enough to raise a child it would create many problems. Students who previously had planned a life of study and a career and perhaps a family much later in life, when they are ready, suddenly find these plans interrupted in away that has the potential to hinder their ability to achieve.

Some students decide to have and raise their child on their own. The life of a single mother is extremely difficult as their income support is barely adequate. The life of a single mother who is a student is even more difficult as they must balance study and family and earn enough money to not only keep themselves but also their child. Access to childcare is increasingly difficult and under Voluntary student unionism subsidised childcare may no longer be available to students.

Many pregnant female students understand these concerns and for this and many other varying reasons choose not to continue with the pregnancy. For women in this situation currently there is only one option, that is surgical abortion, this is often a traumatic and painful experience that requires the student to take a significant time away from their studies to attend preliminary appointments, examinations, the procedure and then their recovery at home. For many women particularly young students this is their first experience of surgery and it is a frightening situation. Women who find out they are pregnant very early may try to seek an abortion but are told they must wait until at least four weeks till the cervix has hardened. Four weeks is a very long time for a student to wait and worry, much psychological stress could be avoided if the earlier, less painful termination options were available.

Similarly for many female students particularly those in rural and regional areas access to abortion is severely limited because willing doctors may be scarce. Also for those women who are unable to have a Medicare funded termination the costs associated are astronomical and simply unreachable for students. Unfortunately Medicare funded abortions often come with extra up-front costs that may make students access to abortion impossible. These problems can be overcome by a non surgical method of abortion.

The Monash Women's department strongly urges the government to repeal the ministerial responsibility for the availability of Mifepristone, also known as RU486. RU486 is a non-surgical method of termination which is extremely effective in the first trimester, it is available in most western countries, but not in Australia. It can be used earlier than most other methods of termination, i.e. earlier than nine weeks.

Many Australian, International and World Health Bodies including the world health organisation the Australian medical Association and The Royal Australian New Zealand College of Obstetricians and Gynaecologists, argue that Mifepristone is a safe and effective option for women and support the availability of RU 486 in Australia.

We believe it is not right for a health minister to have the sole responsibility for whether or not a drug that has been proved to be a safe and reliable option be available for Australian women.

Particularly it is not right that one male can prevent so many Australian women from having freedom of choice and reproductive freedom. The decision of whether or not the drug should be available should be made by the relevant health industry in Australia's case the Therapeutic Goods Administration, who are qualified and experienced enough to know if it is safe and if it works.

We urge you to consider the benefits the removal of the ban on this drug could have for female student, especially those from rural or regional areas where access to terminations are limited.