



Submission to Australian Senate Standing Committee on Finance and Public Administration Legislation re: Inquiry into Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

Who we are

Reproductive Choice Australia (RCA) was founded in 2005 and is the peak national organisation active on reproductive rights issues. We campaign on local, state and national levels to maintain, extend and improve women's access to the full range of reproductive health care services.

Our extensive work in the area of abortion uniquely positions RCA to comment on Senator Madigan's Submission to Australian Senate regarding *Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013*.

This submission

As outlined in the Inquiry terms of reference, gender/sex-selective abortion generally refers to the practice of terminating pregnancies by parents with a preference for male children. Not only has no evidence been offered that this practice occurs in Australia, a cursory look at Australia's population figures reveals the falsity of any assertion that this practice is rife in this country, and therefore merits the attention of our elected representatives. For this reason we condemn the waste of resources for this inquiry and urge Parliament to reject Senator Madigan's Bill in its entirety.

Evidence for Systemic Sex Selective Abortions in Australia

Senator Madigan admits he has no evidence to suggest that sex selective abortions are systematically occurring in Australia.

In fact, existing evidence demonstrates they are not. The following data comes from Dahl¹:

- A follow-up study of 578 patients having prenatal diagnosis at one Melbourne clinic found that "None of the women had a termination for fetal sex."
- In countries where social, religious or economic conditions do not support a preference for male or female children – such as the USA, UK and Australia - there is no evidence that such a preference exists.
- When German and American pregnant women are asked for the sex preference of the child they were carrying, they had a significantly stronger preference for girls.

¹ Dahl, Edgar (2008) "From Sorting Sperm to Sorting Society" in Eds: Skene, L., Thompson, J. *The Sorting Society: the ethics of genetic screening and therapy*. Cambridge University Press.

- The number of couples who seek gender selection services are exceedingly small, and nearly exclusively from countries or cultures where social, religious or economic conditions favour the birth of a male child:
 - Only 809 couples consulted the London Gender Clinic in the first 18 months of its existence: most of them were seeking to “balance their family” – that is, to choose either a boy or girl to balance out the at least two other children they had of the opposite sex.
 - A study by Nan Chico found only 1.4% of couples inquiring about selection were seeking a first-born son.

There is no standardised national data on the number of abortions performed in Australia. This makes it impossible to get reliable data to determine whether a termination is driven by a gender preference. Moreover, the Medicare rebate Senator Madigan is proposing to restrict is also used to fund miscarriage and fetal death; there is no way to extricate numbers of voluntary terminations from unintended pregnancy endings. These facts compound to reiterate the stark lack of evidence to support Senator Madigan’s proposed Amendment. Additionally, the lack of standardised procedure or data in relation to isolating gender-based abortion begs the question of how such a law would ever be enforced without risking the broader reproductive rights of Australian women.

Most critically, systemic gender selection of embryos, fetuses or infants cannot be disguised. The evidence that such practices are happening, or are not happening, are revealed in skewed gender ratios. In China, for example, where sex-selection in favour of male embryos, fetuses and infants is prevalent, men substantially outnumber women. In India, the introduction of sex selection and pre-natal abortion skewed the sex ration in some regions to such an extent that there were only 794 girls every 1000 boys.² In the face of such indisputable evidence of a systemic problem with significant negative implications on the nation, the Indian parliament rightly took action.

Conversely, Australian society sees:

...124,700 more females than males residing in Australia, with 11.2 million females and 11.1 million males. The sex ratio (the number of males per hundred females) was 98.9.³

Evidence is critical to mounting a case that the valuable time of Australia’s elected representatives should be consumed getting across an issue, and fashioning policy solutions to address it. Given the absence of any evidence to support a problem with sex selective practices for either sex in Australia, and clear evidence that these practices are not

² Dahl, E. *op cit.*

³ Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia*, 2011

occurring, changes in law and policy in this area are not just unnecessary but their consideration is arguably an unjustified waste of valuable time and taxpayer resources.

Senator Madigan's position on abortion

The absence of evidence that a problem exists raises the question as to the real motives for the development of this bill. What is known is that Senator Madigan and his Democratic Labour Party (DLP) are opposed to every woman, for any reason, having access to safe and legal abortion.⁴⁵

While Sen Madigan's Bill would serve no purpose in addressing a non-existent problem in Australia, it may assist him in raising baseless fear and doubt in the community about the moral standing of women's reproductive decisions – fear and doubt that might be leveraged in the future to bring about more meaningful restrictions on women's right to choose.

The tactic of chipping away at women's reproductive rights by those who oppose safe abortion for any woman for any reason – under the guise of a feminist concern about the survival of female fetuses – is an anti-choice approach borrowed from the United States. In America, the accumulation of small "victories" from such unconscionable tactics has placed the reproductive autonomy of women in many US states under sustained and serious threat.

It is therefore timely for Australian legislators to reject this proposed legislation and to voice their support for the ongoing provision of safe, accessible, affordable, legal, evidence based health services to every woman in this country, including reproductive health services such as abortion. If Parliament is inclined to utilise resources to better understand and positively respond to issues surrounding pregnancy terminations to best support the rights of Australian women, we recommend investment in ensuring any and all of the following:

- A national curriculum for comprehensive, evidence-based sexual and reproductive health in Australian schools.
- The inclusion of referral obligations for conscientious objection into the registration of health professionals and subsequent enforcement mechanisms.
- A requirement that university undergraduate medical training includes pregnancy termination related procedures.
- Provision of the full range of reproductive health services, including abortion and emergency contraception for assault victims, in all Federally funded hospitals regardless of faith-based affiliations.
- Lowered costs of contraception for low-income women via the PBS.

Dr Leslie Cannold
President, Reproductive Choice Australia

 Casey Burchell
Committee Member

⁴ Madigan, J., *Integrity in Politics*, Sydney Institute, 2013

⁵ Democratic Labor Party, *Frequently Asked Questions*, 2013