Australian Women Against Violence Alliance (AWAVA)

Submission to Senate Inquiry:
Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

The Australian Women Against Violence Alliance (AWAVA) is one of six National Women's Alliances funded by the Australian Government. AWAVA's key area of focus is addressing all forms of violence against women, to ensure that all women and children are able to live free from all forms of violence and abuse. AWAVA recognises that violence against women and girls is both a consequence and cause of gender inequality in all sectors of society and must be addressed by promoting women's rights and social, political and economic equality. AWAVA welcomes the opportunity to respond to this inquiry.

AWAVA endorses the extremely comprehensive submission of Women's Health Victoria to the Senate Inquiry[1]. AWAVA does not support sex-selective abortion[2], with a preference for a male child. Such sex-selective abortions reflect deeply entrenched, structural, pervasive, broad-based gender inequality. AWAVA considers that restrictions on abortion are not an appropriate way of addressing the issue of sex-selective abortions, nor the gender, familial, kin-based, cultural relations that perpetuate this practice in some communities.

Restrictions could disproportionately impact on women from culturally and linguistically diverse (CALD) communities and it is important to stress that there is no comprehensive, empirically-grounded, evidence base to suggest that sex-selective abortion (based on either 'son preference' or 'family balancing') is occurring, or that Medicare is being used to fund such procedures in Australia. We also note that the Explanatory Memorandum and Second Reading Speech for the Bill material do not refer to any specific reports or research on these issues.

AWAVA shares Women's Health Victoria's concern as to how these restrictions would be enforced without restricting the reproductive health rights of Australian women. The International Conference on Population and Development (ICPD) in 1994 recognised women's rights to reproductive and sexual health as being key to women's health. At the ICPD, States agreed to:

> …***eliminate all forms of discrimination against the girl child and the root causes of son preference, which result in harmful and unethical practices regarding female infanticide and prenatal sex selection***.[3]

The Convention on the Elimination of All Forms of Discrimination Against Women includes articles on women's health-based rights including:

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[1] http://whv.org.au/static/files/assets/afb81687/Submission_HealthInsuranceAmendmentBill.pdf

[2] AWAVA agrees with Women's Health Victoria use of the term 'sex selective' as opposed to gender selective in their submission to this inquiry as *"the use of the word 'sex' rather than 'gender' is believed to be a more accurate description of the procedure"* (WHV, 2013: 1)

[3] United Nations (1994); paragraph 4.16

State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, ***access to health care services, including those related to family planning*** (Article 12)

AWAVA's responses to the specific terms of reference for the Inquiry are outlined below:

The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions

There are no comprehensive studies or a reliable evidence-base to suggest that sex selective abortions are occurring in Australian or that Australians find the use of Medicare funding for sex selective abortions 'unacceptable'. Australia continues to exhibit one of the healthiest sex ratios in the world and lowest maternal mortality rates, both strong indicators of gender health and well-being. The Australian Bureau of Statistics reports that there are 93,890 more females than males residing in Australia (as of 2011).

Australian research studies and survey data indicate broad-based support for women to have the right to choose to have an abortion. According to the Australian Survey of Social Attitudes (2003), 81% of Australians agreed that women should have the right to choose an abortion[4].

The prevalence of gender selection - with preference for a male child - amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children

Sex-selective abortions, with a preference for a male child, occur in some countries and are based on entrenched, structural, deep-rooted gender inequality. For example, in South Asia, women *"have a biologically abnormal chance of mortality from conception until their mid-30s.This phenomenon (known as 'missing women') is related to son preference and daughter devaluation, which manifests itself in sex-selective abortions"* (Gill and Mitra-Kahn, 2009). In India for example, in 2011 there were 940 females per 1000 males. In 2005 in China, males under the age of 20 exceeded females by more than 32 million and more than 1.1 million excess births of boys were recorded (Wei Xing Zhu, Lu Li, and Hesketh, 2009)[5]. It is also important to highlight that in both countries sex-selective abortions and pre-natal sex selection are illegal. Son/male preference is not limited to Asia, a 2011 study supported by UNFPA found that in Armenia, the general public *"prefers having boys much more than having girls – roughly six times more"*[6]. Son/ male preference has also been documented in Georgia, Azerbaijan, Vietnam (OHCHR, UNFPA, UNICEF, UN Women and WHO, 2011).

There are no research studies or an evidence-base to show that the practice of sex-selective abortions or a societal preference for males is occurring in Australia. Furthermore, Shavazi and McDonald's (2000) study provided evidence to show that immigrants adapt to the fertility patterns and behaviours of the Australian population. Similarly in Canada, government research focused on measuring the fertility behaviour of newly immigrated women "*supports the hypothesis of the integration of these women into Canadian society insofar as fertility is an indicator of integration, since their fertility tends increasingly to resemble and converge*

[4] Australian Consortium for Social and Political Research. Australian Survey of Social Attitudes. Canberra: Australian National University; 2003.
[5] Xing Zhu, Lu Li, and Hesketh, Therese (2009) "China's excess males, sex selective abortion, and one child policy: analysis of data from 2005 national intercensus survey", *British Medical Journal* 2009;338:b1211, Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2667570/
[6] http://eeca.unfpa.org/public/pid/9201

with that of Canadian-born women the longer they reside in Canada" (Statistics Canada 2002; p.149)."

In the UK, Gill and Mitra-Kahn (2009) looked at abortion statistics from the UK Department of Health and found that only 7% of abortions carried out in the UK in 2002 were performed on Asian (Chinese included) women or British Asian women. It was emphasised in the study that *"it remains to be determined whether or not these data point to sex-selective abortions"* (Gill and Mitra-Kahn, 2009: 697). AWAVA is not aware of similar studies conducted in Australia. The joint statement issued by the OHCHR, UNFPA, UNICEF, UN Women and WHO in 2011 on *'Preventing Gender Biased Sex Selection'*[7] highlights:

> ***To provide a sound basis for policy development and action, more-reliable data are now needed on***: The magnitude of gender-biased sex selection – data from a variety of sources including national censuses, registration systems, population surveys and qualitative studies need to be analysed in order ***to give a more complete and consistent picture of the situation and its complexities.***
>
> (OHCHR, UNFPA, UNICEF, UN Women and WHO, 2011 p.9)

Legal restrictions are ineffective at preventing sex-selective abortions, based on male preference. For example, in India, the Medical Termination of Pregnancy Act 1971 and the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act 1994 deal with the problem of selective foeticide and infanticide. Yet, despite legislative prohibitions sex-selective abortions continue. *"The Indian Pre-Conception and Pre-Natal Diagnostic Techniques Act (PCPNDT), which makes prenatal diagnostic tests legally permissible only for high-risk pregnancies, or for the purpose of detecting genetic abnormalities, has failed in combating sex-selective abortions in as much as 'medical practitioners and abortion seekers are strategically avoiding the law' (Thomas, 2007) to carry on with the practice. There have only been a handful of convictions since the law was revised in 2003; it has proven to be largely ineffective"* (Gill and Mitra-Kahn, 2009: 698).

'Restrictions, if introduced in Australia, have the potential to perpetuate racial and sexual discrimination by stereotyping and racial profiling of Asian women whose motivations for an abortion would be under suspicion' (Women's Health Victoria Submission: Inquiry into Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013, p.3). Restrictions would disproportionately and unfairly impact on and stigmatise CaLD women.

The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing'

We agree with Women's Health Victoria's submission which states:

> ***Few (if any) Australian studies on the reasons women provide for undergoing abortion indicate sex-selection***. Instead, reasons usually relate to: the woman herself, the potential child, existing children, and the woman's partner and other significant relationships, most of which contribute to what it means to a woman to be a good mother. (p.3-4)

Legislation and ethical guidelines in Australia already prohibit sex-selection for non-medical purposes (with some caveats such as the risk of transmitting a genetic defect).[8]

[7] http://apps.who.int/iris/bitstream/10665/44577/1/9789241501460_eng.pdf
[8] http://www.gender-baby.com/lifestyle/legal-issues/international-laws-on-gender-selection/gender-selection-in-australia/

In light of the existing legislation, AWAVA sees sex-selective abortions as a non-issue in Australia. AWAVA believes that the money can be better spent on educational activities.

Support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender-selection abortions

At the recently concluded meeting of the 57th session of the Commission on the Status of Women (CSW), member states in the Agreed Conclusions recognised that

> Violence against women has both short- and long-term adverse consequences on their health, including their sexual and reproductive health, and the enjoyment of their human rights, and that **respecting and promoting sexual and reproductive health, and protecting and fulfilling reproductive rights** in accordance with the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the outcome documents of their review conferences, **is a necessary condition to achieve gender equality and the empowerment of women to enable them to enjoy all their human rights and fundamental freedoms, and to prevent and mitigate violence against women**[9]

AWAVA also endorses Women's Health Victoria's submission response on this point:

> Women's Health Victoria supports UN efforts to end the discriminatory practice of sex-selection. Sex-selection occurs within a complex social and cultural context – restricting sex-selective abortion is ineffective in addressing the broader social and cultural issues that lead it. It is through widespread societal change in attitudes towards women that lasting improvements to the lives of women will be achieved. The World Health Organization has stated: Some (governments in affected countries) have passed laws to restrict the use of technology for sex-selection purposes and in some cases for sex-selective abortion. ***These laws have largely had little effect in isolation from broader measures to address underlying social and gender inequalities. Comprehensive, well-resourced and whole-of-government approaches are needed to reduce gender inequality and promote the status of women. Such measures go well beyond restrictions on sex-selective abortion*** (p.4)

Endorsements

This document has been endorsed in full or in part by the following AWAVA member organisations:

1. Association of Women Educators
2. National Association of Services Against Sexual Violence
3. Women's Services Network
4. Australasian Council of Women and Policing
5. Australian Women's Health Network
6. Coalition of Women's Domestic Violence Services of South Australia
7. Domestic Violence Victoria
8. National Association of Services Against Sexual Violence Australian Capital Territory
9. National Association of Services Against Sexual Violence Northern Territory
10. National Aboriginal and Torres Strait Islander Women's Alliance
11. Network of Immigrant and Refugee Women Australia

[9] CSW, Fifty-seventh session, Note 12 at 22 and (nn)

12. NSW Women's Refuge Movement
13. National Union of Students Women's Officer
14. Queensland Domestic Violence Refuge Sector
15. Women's Council for Domestic & Family Violence Services WA
16. Women's Essential Service Providers Tasmania
17. Women's Legal Services Australia
18. Women With Disabilities Australia

24 April 2013