

## **SUPPLEMENTARY SUBMISSION TO THE SENATE Standing Committee on Finance and Public Administration**

### **Inquiry into the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013**

The National Foundation for Australian Women now submits supplementary comment and data for the benefit of the Committee, having had the opportunity to read other submissions, and as well to have some data sets from the Australian Bureau of Statistics analysed.

Many submissions have made commentary on international sex ratio data, and extrapolated from there to assumptions about Australian sex ratio data. There has been an undercurrent in many submissions suggesting that recent history in ‘certain’ countries is being replicated among Australian citizens and/or residents from those cultures.

In our original submission we made the point that it was in the 1990’s that attention to published demographic statistics had identified a serious skewing in a number of countries of the sex ratio. We should note that child and maternal health services in many of those very poor or developing countries were sub standard, that gender equality was unknown and that many girl babies simply failed to survive when resources were concentrated on valued male children. The introduction in China and in India of strict policies limiting the number of children per family, and the later availability of amniocentesis allowed abortion to take over as the means of limiting the numbers of girl children.

It is important that the Committee appreciates that in the two decades since then rapid economic development, together with policies to bring about greater gender equity, has led to a trend towards normalisation of the sex ratio in most relevant nations.

Bodies such as the Gates Foundation have put enormous resources into stimulating the growth of extensive child and maternal health services, enhancing supplies of clean potable water and developing other means for lessening infant mortality. Many Asian nations in consequence now are seeing great improvements in such services, growth of significant economic improvements, along with appropriate family planning services set in a context of better child and maternal health services which have increased parental capacity to decide on the numbers and spacing of their children. The promotion of gender equity is a highly significant associated policy.

### **Turning to the Australian situation.**

It is essential to look at overall demographic data, rather than anecdote.

Nationally, as several prior submissions have demonstrated, there is no evidence at all of a skewed sex ratio in live births in Australian Bureau of Statistics data.

We have carried out further analysis of those data by ancestry, and by religious affiliation.

If *certain* Australian communities were indeed practising sex selection, either to limit girl babies' births, or to 'balance' families, it would be apparent from this analysis.

We must conclude from the attached tables and info graphics that there is no widespread practice of abortions leading to skewing of the sex ratio.

We do not wish to suggest that there may still be some individual instances, but as we have said previously, and as the submission from the Australian Medical Association asserts, changing the Medical Benefits Schedule is not the way to achieve attitudinal change.

We urge that the Bill be rejected.

Please note that NFAW's submissions are supported by the Women's Electoral Lobby – their supporting letter is also attached.

Marie Coleman AO PSM

Chair, NFAW Social Policy Committee

### **ATTACHMENTS to this Supplementary Submission**

Letter from Women's Electoral Lobby supporting NFAW's submissions

Infographics – sex ratios in Australia based on religion and ancestry

Five statistical tables on which the Infographics are based