



CHILDREN BY CHOICE
ASSOCIATION INCORPORATED

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Submission by Children by Choice to the Senate Standing Committee on Finance and Public Administration

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

About Children by Choice

Children by Choice provide counselling, information and education services on all options with an unplanned pregnancy, including abortion, adoption and parenting. We provide a Queensland-wide counselling, information and referral service to women experiencing unplanned pregnancy, deliver sexual and reproductive health education sessions in schools, and offer training for GPs and other health and community professionals on unplanned pregnancy options. We advocate on women's sexual and reproductive health issues at a state and federal level.

Children by Choice support women's access to all options with an unplanned pregnancy, including abortion, and have been involved in helping women access these options since the service began operation in 1972. Children by Choice is the only stand-alone, not-for-profit women's service dedicated to unplanned pregnancy in Australia. Children by Choice is recognised nationally and internationally as a key advocacy group for the needs and rights of women in relation to access to reproductive health services with regard to unplanned pregnancy.

Contact

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Executive Summary

Children by Choice would like to thank the Committee for the opportunity to provide input into the Inquiry.

- Access to safe, legal and affordable termination of pregnancy services is necessary for the health and wellbeing of Australian women and is internationally recognized as a key sexual and reproductive right.
- Children by Choice does not support the passing of the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013.
- Children by Choice does not endorse sex selective abortion on the grounds of social, religious and cultural discrimination against women and girls.
- Children by Choice considers the introduction and intent of this Bill as vexatious and unnecessary as there is little or no evidence that gender-biased sex selective abortion is occurring in Australia nor that Medicare funding is currently being used for this purpose.
- Legislating to ban Medicare funding for sex selective termination of pregnancy would not advance the rights, health and well-being of Australian women and girls and international evidence shows that such action may cause harm to those it seeks to protect.
- Children by Choice believe that the Australian Senate should be more concerned by the current barriers to legal, affordable and timely abortion services that are experienced by financially disadvantaged women in Queensland and other states.

The prevalence of sex selective abortion in Australia

Reputable epidemiological and clinical evidence and the right of women to make their own decisions about their lives and fertility should guide legislation, public policy and service provision in the area of reproductive healthcare.

There is little evidence that the practice of sex selective abortion is occurring in Australia today. A review of sex-selective practices and preferences in pregnancy found that in a study of 578 pregnant women presenting at an Australian clinic for pre-natal screening, none terminated a pregnancy on the grounds of sex.ⁱ In addition, a study of German and American women who were pregnant found that the majority of participants were hoping that the child they were carrying would be a girl.ⁱⁱ

The demographic statistics do not show evidence of an abnormal skewed gender ratio in the Australian population. According to recent population data published by the Australian Bureau of Statistics, more females than males resided in Australia in 2011.ⁱⁱⁱ The Australian Institute of Health and Welfare reported

that of the live births recorded in Australia in 2010, 51.1% of babies born were males and 48.9% were female.^{iv}

There are existing regulations to prevent the use of reproductive medicine and technology for the sex selection of embryos. The National Health and Medical Research Council *Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice and Research* does not endorse sex selection of embryos, except for rare circumstances to reduce the risk of transmission of a serious genetic condition.^v

Most abortions occur in the first trimester prior to antenatal screening when the sex of the fetus may be determined. According to the Australian Health and Welfare Institute almost 95% of pregnancy terminations occur in early pregnancy i.e. before 14 weeks gestation, 4.7% between 13 and 20 weeks, and 0.7% after 20 weeks.^{vi} Termination of pregnancy after 18 weeks is often difficult to obtain in Australia due to the high cost to the patient (over \$3000 up-front and out of pocket in Queensland private day hospitals) and the limited number of skilled medical practitioners who are able to provide the procedure.^{vii} Most diagnoses in pregnancy of the sex of fetus occurs during the recommended routine antenatal structural morphology ultrasound scan for all pregnant women conducted at around 18-19 weeks gestation.

There is no qualitative or quantitative evidence that indicates that Australian women are deciding to terminate pregnancies due to a preference for male children over female children. Studies that have surveyed women's reasons for pregnancy terminations do not show that fetal sex is a significant consideration in women's decision making. Rather the decision to terminate a pregnancy can be complex and informed by a number of factors, such as violence, completed family size, educational aspiration, age and medical issues.^{viii}

The Medicare Benefit Schedule Item Number that this Bill seeks to amend also subsidises the provision reproductive health procedures other than pregnancy termination, such as treatment of miscarriage. There is no recording of the reason for the provision of the procedure under that Item Number, and thus no solid evidence that Medicare funding is being used for termination of pregnancy for the purpose of sex selection.

This raises the question of how the Bill, if passed, would be implemented. How will the restrictions be policed and how would medical practitioners determine if a pregnancy termination was primarily being requested for sex selection purposes rather than a complex range of reasons and life circumstances? This raises significant concerns about discrimination against Australian women from particular cultural and ethnic backgrounds who are seeking abortion services. Would some women be denied the right to access to healthcare because of stereotyping and distrust of reasons they are requesting abortion? This would contravene Australia's domestic and international obligations to uphold women's human rights.

Such scrutiny by government and health authorities of women's decision making as may be required by the Bill would constitute unnecessary intrusion and surveillance into a woman's personal life and health care decision-making. Surveys of Australian community attitudes have shown that a large majority support legal abortion and believe that it should be private matter between a woman and her doctor.^{ix x}

International evidence and comparison

Sex selection practices in favour of boys violate women and girls' human rights. The interagency statement 'Preventing gender-biased sex selection' by the OHSHR, UNFPA, UNICEF, UN Women and WHO documents concerns about such practices currently occurring in some Asian countries and efforts towards prevention.^{xi} The statement finds that *"deeply rooted gender discrimination against women and girls ... lies at the hearth of sex selection"*.

However in Australia today, women and girls have more social, cultural and economic equality with their male counterparts compared to many other nations. While gender discrimination still exists in our society and must be addressed, there is robust government legislation, regulations and many other programs and education campaigns that aim to advance, monitor and promote the status of women and girls living in our community. Some examples of these include anti-discrimination legislation, a national Sex Discrimination Commissioner, initiatives to promote girls' education and participation in non-traditional areas, and campaigns to educate and discourage practices such as Female Genital Mutilation.

The interagency statement recommends that the most effective strategies against sex selection is addressing structural, familial, cultural and economic inequalities in a society that perpetuate gender discrimination, initiatives that promote the value and safety of women and girls and ensuring they have access to healthcare, education and adequate nutrition. The statement finds that measures to prevent sex selection such as preventing doctors from providing safe abortion services may lead to women seeking 'backyard' methods that may endanger their health and lives.

Restricting access to technologies and services without addressing the social norms and structures that determine their use is therefore likely to result in a greater demand for clandestine procedures which fall outside regulations, protocols and monitoring. In addition, it is also women who have to bear the consequences of giving birth to an unwanted girl child. These consequences can include violence, abandonment, divorce (or being forced to live with an additional wife) or even death (Ganatra, Hirve & Rao, 2001; Li, 2007). They may have to continue with pregnancies until a boy child is born, thus putting their health and life at further risk.

Issues of concern in relation to Medicare funding of pregnancy termination

Rather than seeking to exclude some from access to Medicare funding for pregnancy termination, attention should be given to the barriers of access to pregnancy termination services for financially disadvantaged women and those living in rural, regional and remote areas of Australia.

The Australian Women's Health Network Position paper 2012 on Women and Sexual and Reproductive Health recommends that *"...federal, state and territory governments address inequities in abortion service delivery to ensure women living in rural, regional and remote areas have timely access to affordable services."*^{xii}

In Queensland, abortion is provided primarily in licensed private clinics and day hospitals. First trimester pregnancy termination services performed in private health facilities in Queensland have out-of-pocket costs of between \$470 and \$950, depending on the location of the clinic.^{xiii} Queensland Health estimates that only 1% of all pregnancy terminations performed in Queensland are provided in public health facilities.^{xiv}

In addition to the high cost barriers for Queensland women, only three of the private abortion providers in Queensland are situated outside the southeast corner of the state, in Rockhampton, Townsville and Cairns. Women in rural and remote areas often face extreme costs and travel distances to get to a provider. Queensland rural and remote women who received financial assistance from Children by Choice traveled on average over 850 km one way to access an abortion provider in 2011-12.

Last financial year, Children by Choice provided financial assistance for over 350 women a year in order to facilitate their access to a pregnancy termination procedure. Some women still report being unable to pay for the procedure or travel to a clinic, and so are faced with the prospect of continuing with an unplanned and unwanted pregnancy. Young women, Aboriginal women, women with disabilities or from non-English-speaking backgrounds, and women who are financially disadvantaged or on low fixed incomes, are among those which find abortion services hardest to access.

Lack of clear information also impacts on Queensland women's ability to access a pregnancy termination. A 2004 study found that Queensland GPs were more likely to identify as anti-abortion than the national average (26% Queensland v 20% nationally) and are less likely to be confident of the legal status of abortion (54% Queensland v 63% nationally).^{xv}

GPs and health workers are under no obligation to provide information on pregnancy termination services, or where to find that information, to their patients. Many women each month contact Children by Choice after having a negative experience with a GP, health worker or anti-choice pregnancy counselor, looking for information about abortion from an unbiased source.

Endnotes

ⁱ 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.

ⁱⁱ Ibid.

ⁱⁱⁱ Australian Bureau of Statistics

<http://www.abs.gov.au/ausstats/abs@.nsf/Products/3235.0~2011~Main+Features~Main+Features?OpenDocument#PARALINK1>, Accessed 23 April 2013

^{iv} AIHW, Li Z, Zeki R, Hilder L & Sullivan EA (2012). Australia's mothers and babies 2010. Perinatal statistics series no. 27. Cat. no. PER 57. Canberra: AIHW

^v National Health and Medical Research Council (2007) *Ethical guidelines on the use of Assisted Reproductive Technology in clinical practice and research*

^{vi} As referred to in Victorian Law Reform Commission, *Law of Abortion: Final Report*, (2008), Chapter 3

^{vii} Children by Choice - <http://childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/termination-costs-in-queensland>. Accessed 23 April 2013

^{viii} Rosenthal, D., Rowe, H., Mallett, S., Hardiman, A., and Kirkman, M. (2009). *Understanding Women's Experiences of Unplanned Pregnancy and Abortion, Final Report*. Key Centre for Women's Health in Society, Melbourne School of Population Health, The University of Melbourne: Melbourne, Australia.

^{ix} *Queensland voters' attitudes towards abortion* Report prepared by Auspoll, May 2009. Polling commissioned by Children by Choice

^x K Betts “Attitudes to Abortion in Australia: 1972 to 2003” *People and Place* 22, 2004.

^{xi} WHO (2011), *Preventing gender-biased sex selection: an interagency statement OHCHR, UNFPA, UN Women and WHO*.

^{xii} Australian Women’s Health Network (2012) *Women and Sexual and Reproductive Health*

^{xiii} For clinic locations and a summary of costs, see the Children by Choice website at

<http://www.childrenbychoice.org.au/nwww/termination.htm>

^{xiv} Dr Tony O’Connell, the Chief Executive of Queensland Health’s Centre for Healthcare Improvement, in response to media enquiry from Wendy Carlisle from the ABC. Cited in ‘Abortion on Trial’, broadcast on ABC Radio National on 7 November 2010. Full response is available online at

http://www.abc.net.au/rn/backgroundbriefing/documents/bbg_20101114_termination.pdf.

^{xv} *General Practitioners: Attitudes to Abortion* Prepared by Quantum Market Research and Marie Stopes International Australia, November 2004.