



# Inquiry into gender equality as a national and economic security imperative

## Submission of the Australian Women's Health Alliance

### Introduction

The Australian Women's Health Alliance (AWHA) is the national voice on women's health. Our aim is to achieve gender equity in health for all women. The leadership team of the Australian Women's Health Alliance, CEO and directors represent states and territory across Australia. The Australian Women's Health Alliance brings together the issues and voices of women's organisations and individuals across Australia. The Australian Women's Health Alliance promotes equity and commits to respect, protect and promote human rights in our work.

### Submission

The Australian Women's Health Alliance welcomes the news that the inquiry into gender equality as a national and economic security imperative has been adopted by the joint standing committee on foreign affairs, defence and trade. The inquiry aims to address and improve Australia's economic and national security through recognising how the integration of gender equality across national strategies will support these goals.

The following submission falls under the Terms of References, item 7: "Any related matters". The Australian Women's Health Alliance will examine 'Reproductive rights' the rights to contraceptives.

Investing in women, benefits society and all facets of health, when women have access to reproductive health and family planning services, it fulfils Australia's obligation of the 2030 Sustainable Development that "no one is left behind". This requires intensified support for contraceptives services, including through the implementation of effective government policies and programmes. Women are a driving force of positive change, and when women have equity and resources, they live to their potential, everyone thrives. A community where women have access to quality care is a thriving community.

For too many women, this vision remains out of reach. Women in Australia continue to face gender-based violence at a devastating rate, economic insecurity that puts them at risk, economic insecurity that puts them at risk, and structural barriers that leave them without access to support of justice. These issues are not separate-they are interconnects. That is why we must take a prevention-first approach that reflects the diversity of Australian women and girls.<sup>1</sup>

A feminist view of national security in Australia redefines safety to include bodily autonomy, placing access to contraception as a fundamental right and a key metric of national stability.

To ensure the Women, Peace and Security Agenda is more inclusive the Australian Women's Health Alliance submission is to create a space for women of diverse background, including migrant, disability and Indigenous women to shape and define the national agendas as well as determine

<sup>1</sup> Australian women are diverse, so the approach to women's safety should be as well | Australian Human Rights Commission



actions. While the Australian federal government and state governments have made attempts to provide human rights instruments for all women and girls, they need to work more collectively to ensure equality.

*The women who provided permission to quotes to this submission, come with their heart and shared their dedication and expertise as a frontline carer and worker. The foundation of this report will rest on gender equality and universal human rights.*

### Human Rights

The Australia's human rights framework is shaped by its system of interacting with international obligations. Although Australia has ratified core United Nations human rights treaties, Australia operates under a dualist system meaning these commitments have no direct domestic effect unless incorporated into legislation.<sup>2</sup>

Health and human rights should go hand in hand in Australia, but this partnership is not reflected in the provision of contraceptive advice and supplies with maternity wards.

The Australian Government promotes the human rights of women and girls and gender equality. Universal access to contraception is a human right (UN General Assembly, 1966) and fundamental in achieving the Sustainable Development Goals of Good Health and Well-being and Gender Equality (Target 3.7 and Target 5.6) (United Nations, 2022).<sup>3</sup>

To advance women's sexual and reproductive health and rights, all women should have access to family planning advice in maternity services. Unplanned pregnancy is a key health issue for women in Australia.<sup>4</sup> Sexual and reproductive health effects and is affected by the intersectionality of peoples' experiences and relationships and by the broader structural context of their lives which shapes their overall health and well-being.

### Women, peace and security agenda

The Women, Peace and Security agenda is a key framework for advancing the rights of women and girls during conflict and crisis. It outlines the importance of integrating gender perspectives into conflict prevention, resolution, and peace building, as well as in disaster and crisis response

The Women, Peace and Security framework aligns with Australian Women's Health Alliance advocacy, around peace and security challenges in Australia and the National Action plan for the 4 key outcomes:

1. participation
2. protection
3. prevention
4. relief and recovery.

It envisions a world without armed conflict but also goes further mandating action to secure universal freedom from fear and oppression.

Its aims are broad and include:

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<sup>2</sup> Strategic Human Rights Litigation in Australia, Ebony Birchall, Federation Press 2025

<sup>3</sup> Australian Women's Health Alliance Hub, Sexual Health Advocate for Reproductive Equity (Share)

<sup>4</sup> [National Health Service \(Family Planning\) Act 1967 - UK Parliament](#)



- ☐ the promotion of women and civil society empowerment and participation
- ☐ prevention of sexual and gender-based violence
- ☐ the protection of vulnerable groups
- ☐ ensuring gender inclusive relief and recovery plans in places hard-hit by armed conflict and insecurity.

To ensure the Women Peace and Security Agenda is more inclusive, the Australian Women's Health Alliance has created a space for vulnerable women who never have had a conversation with health workers regarding contraceptives. The 2 quotes in the submission are to learn how there are generations of women and girls who have lived without peace and security and are not part of the gender equality or economic security.

Australia's values are a critical component of the foundation upon which we build our international engagement. The support for political, economic and religious freedoms, liberal democracy, the rule of the law, racial and gender equality and mutual respect reflects who we are and how we approach the world. They underpin a strong, fair and cohesive society at home and are a source of influence for Australia internationally.<sup>5</sup>

The Australia Women's Alliance welcomes further conversation with the Joint Standing Committee on Foreign Affairs, Defence and Trade regarding the *'inquiry into gender equality as a national security and economic security imperative.'*

### The National Health Service (Family Planning) Act 1967

*The National Health Service (Family Planning) Act 1967* in the United Kingdom primary purpose was to enable local health authorities in the UK to provide contraceptive advice and supplies as part of the National Health Service (NHS). The *Family Planning Act 1976* dealt with preventing pregnancy.<sup>6</sup>

One of the key impacts from the Act is that family planning advice became a standard offering in maternity services for all women. This is through the post-natal care integration where women could receive contraceptive advice and supplies immediately after childbirth, allowing them to plan future pregnancies and space family effectively.<sup>7</sup>

By passing the *Family Planning Act 1976*, it allows women to have control over their fertility, addressing socioeconomic hardship and it helps with take control of their reproductive health and body in a safe space.

Australia does not have a single-Family Planning Act, though family planning services and regulations are managed through state/territory laws and services. Planned parenthood has important long-term benefits for both maternal and infant health.

Empowering choice and control in reproductive decision, including the use of contraction, forms a vital part of family planning and is a key foundation of the *National Women's Health Strategy 2020-2030*.<sup>8</sup>

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<sup>5</sup> [2017 Foreign Policy White Paper](#)

<sup>6</sup> *ibid*

<sup>7</sup> *ibid*

<sup>8</sup> Chapter 2 - Enhancing access to contraceptives – Parliament of Australia



Australian general practice registrars have limited exposure to postpartum care, limiting their experience, general practices have developed their own guides based on personal clinical experience and information gathered from various sources.<sup>9</sup>

Comprehensive guidelines for postnatal checks in general practice, including postpartum contraception recommendations would ensure that all women receive consistent and high-quality care during this period.<sup>10</sup>

### Availability and system-level access

Access to contraception is not solely a matter of legal rights or individual choice, it is fundamentally shaped by availability within health care settings, particularly during key life stages such as pregnancy, childbirth and the postnatal period.<sup>11</sup>

For many women, maternity care is the most consistent point of contact with the health system, yet contraceptive counselling and provision are not routinely embedded within maternity services across Australia.<sup>12</sup> This represents a missed opportunity to support informed reproductive decision-making and to reduce unintended pregnancies, particularly among women experiencing socioeconomic disadvantage, young mothers, Aboriginal and Torres Strait Islander women, and women in regional and remote areas.<sup>13</sup>

While contraceptives are listed on the Pharmaceutical Benefits Scheme and family planning services exist in all jurisdictions, access remains fragmented, with responsibility often shifting from hospital-based maternity services to general practice after birth.<sup>14</sup> This transition can create gaps in care, especially where women face barriers such as cost, transport, long wait times, workforce shortages or limited continuity of care.<sup>15</sup>

Ensuring that contraceptive options are actively offered, discussed and, where appropriate, initiated within maternity settings would improve equity of access and continuity of care.<sup>16</sup>

### Reproductive coercion and abuse

Reproductive coercion and abuse refer to a range of behaviours such as pressure, manipulation, emotional blackmail, trickery, threats and the use of various kinds of abuse to dictate a person's reproductive choices or interfere with their reproductive autonomy.<sup>17</sup> It can include physical, psychological, sexual, emotional or financial abuse designed to either promote or prevent pregnancy.<sup>18</sup>

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<sup>9</sup> Australian Medical Journal of Australia, General practitioners views and experience of postpartum contraception counselling and provision: a qualitative descriptive study. Jenna K Perkins, Sharon James, Danielle Mazza, Jessica R Botfield  
<sup>10</sup> *ibid*

<sup>11</sup> Australian Institute of Health and Welfare [AIHW], 2020

<sup>12</sup> National Women's Health Strategy 2020-2030. Department of Health, Australian Government (2020)

<sup>13</sup> Australian Institute of Health and Welfare [AIHW], 2020

<sup>14</sup> National Women's Health Strategy 2020-2030. Department of Health, Australian Government (2020)

<sup>15</sup> *ibid*

<sup>16</sup> Royal Australian and New Zealand College of Obstetricians and Gynaecologists RANZCOG, 2023

<sup>17</sup> Tanzia & Hegarty. 2021 – Australian Institute of Family Studies – Reproductive coercion and abuse – Jasmine B MacDonald, Pragya Gartoulla, Mandy Truong, Luara Tarzia and Melissa Willoughby, Practice Guide May 2023

<sup>18</sup> Levesque, Rousseau & Dumerchat 2021 - Australian Institute of Family Studies – Reproductive coercion and abuse – Jasmine B MacDonald, Pragya Gartoulla, Mandy Truong, Luara Tarzia and Melissa Willoughby, Practice Guide May 2023



This restricts women's access to contraception or forces reproductive decisions, significantly impacting women's autonomy and well-being.

### Self-determination

Access to contraceptives allows women and adolescent girls rights over their reproductive health decisions. For some women in their most challenging circumstances the right to their reproductive health is a right to reproductive self-determination. For women and girls in these circumstances the need to have contraceptive access is acute if they face an increased risk of unintended pregnancy, maternal death and sexual violence.

#### Quote from a carer of 4 children

*Women are unable to make an informed decision because they are not aware of their choices. Their current understanding in life is only "knowing what they know." Therefore, they ONLY know that they fall pregnant and their child is removed - which ultimately is a cycle of trauma that they are not "choosing" but is imposed on them due to the lack of education and awareness of their choices. If they knew they could have contraceptives they would choose that, they do not choose their children being removed it is only because they are not informed, if they have no option that is just happening. No mother would sit there saying. "I want my children removed because they are being removed and I want to put myself through that trauma again and again", people only know what they know. No access to health information, it is not individual it is a system breakdown on educating women on reproductive health, there are multiple women across this country in this situation. Then, the system reports the women, This, mother I am carer for her children now has 5 children in the system, the children are removed at birth, how deep is that trauma. There should be multiple options to protect these women from this harm, the system is creating and not educating. It is complete discrimination against these women; the space should be the right to health and information. It is not addressing, it is automatic these children come into the system, the health system and lack of information and support to vulnerable women is part of the problem, it is a breach of human rights. Could you imagine having 5 children removed and no one ever having a conversation with you about contraceptives. Or is it just an assumption that this part of the woman's life. Some of these women have no capacity of making a decision on reproductive health, the ongoing cycle is removal. These women are not making decisions. from a reproductive rights perspective, the health system is not providing what they are obligated to do. Women engage with the health system in early stages of pregnancy, the assumption with Child Services is there is an awareness across the health and Child Services system that the mother has had previous children removed. What is the health system doing to support the mother of understanding her reproductive/contraceptive options and playing their role in awareness raising. Instead, they are enabling the continuity of child removals and trauma for women who are vulnerable, unaware and ultimately unsupported by health services. This is not an individual issues it is a system issue, one woman is not being targeted and provided with these options, the health system is creating a culture that is discriminative against a cohort of women potentially based on assumptions. Instead of applying the best practice and quality health care that is the right of ALL women, they are selective in their application which creates a significant deficit for these women who SHOULD be priorities especially in the maternity wards in their education and awareness due their vulnerabilities, situation and ongoing removal trauma cycle. The health system is enabling the conceiving of children who are guaranteed to be removed in this cycle of removal that unaware mothers fall victim to.*



At 30 June 2024, 59,900 children were on care and protection orders (10 per 1,000). Of these:

- 25,000 were Aboriginal and Torres Strait Islander children (63 per 1,000 Aboriginal and Torres Strait Islander children)
- 34,800 were non-Indigenous children (6.4 per 1,000 non-Indigenous children).<sup>19</sup>

In Queensland alone, the proportion of children in care, placed with at least one sibling as of 31 March 2025 was 69 percent out of over 12,400 children were in Queensland's Out-of-Home Care (OOHC), with significant proportions in kinship (around 6,100) or foster care (over 4,100), and roughly 2,200 in residential care.<sup>20</sup>

### The need for change

Although Australia currently has a greater focus on strengthening and supporting women's health to improve service quality, there is a greater need for women to have support, information and to alternative contraceptive choices in all maternity wards.

Quote from Indigenous worker

*"Many of the young women (aged 12 to 18) that we work with in Central Australia haven't had a medical check- up or interaction with the health system since infancy, often not being fully vaccinated. Most are also excluded from education institutions for various reasons including expulsion, low attendance, and life circumstances. Without interaction with these services these young women do not have access to education on contraception, sexual health and general health and wellbeing. Our experience is that the young women we engage with have little to no understanding of contraception and sexual health. Their life circumstances are such that it has become a social norm to get "married up" young, with many young women experiencing high levels of domestic and sexual violence while in relationships with their partners, who are young men themselves. We further find that despite the increase in education on Foetal Alcohol Syndrome many young women continue to abuse alcohol while pregnant the resulting consequence being the cyclical involvement of Child Protection".*

*Education, school, health, and wellbeing is not prioritised for our young people.*

Diverse women, and especially Indigenous women, need to be at the centre of the decision-making and delivery processes and not just passive bystanders. Their participation will help advance safety and security through policy and legislations through the types of solutions they propose. This will build pathways for them to play a key role in the building process to ensure their lives are free from discrimination, and to have peace and security.

Participation is one of the pillars for the Women, Peace and Security Agenda. Overcoming discrimination and barriers requires multiple strategies and collective actions with differentiated peacebuilding approaches to shape the values concerning the rights for all women to be equal in Australia.

Intersectionality provides a better understanding of the multiple interactions of different social inequality and systems that impact the challenges diverse women groups and especially Indigenous

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<sup>19</sup> Child protection Australia 2023–24, Supporting children - Australian Institute of Health and Welfare

<sup>20</sup> 2024 Children in Care Census - Full Report for publication



women and girls face. Existing systems and mainstream discourse fail to recognise the difference between diverse and Indigenous women and non-Indigenous women.

### Maternity care as a critical access point

Embedding contraception counselling and provision within maternity care recognises childbirth as a critical window for preventive health intervention.<sup>21</sup> Australian clinical guidance supports the provision of contraceptive counselling during pregnancy and the early postnatal period, including consideration of breastfeeding, clinical suitability and women's reproductive goals.<sup>22</sup> However, in the absence of consistent national requirements, the availability of contraceptive services in maternity wards remains variable and dependent on local policies, clinician training and service resourcing.<sup>23</sup>

The absence of systematic approaches disproportionately affects women with limited access to follow-up primary care. Australian evidence indicates that women experiencing disadvantage, including young women and those living in rural and remote areas, are less likely to access timely postnatal care, increasing the risk of unintended and rapid repeat pregnancies.<sup>24</sup>

These outcomes have implications not only for women's health and autonomy but also for education, workforce participation and long-term economic security.<sup>25</sup>

### Gender equality, economic security and reproductive autonomy

Access to contraception within healthcare settings is a gender equality issue with direct economic and security implications. Australian policy recognises that reproductive autonomy supports women's ability to complete education, participate in the workforce and achieve financial security across the life course.<sup>26</sup> Unintended pregnancies can exacerbate financial stress, disrupt education and employment pathways, and entrench disadvantage, particularly for young women and single mothers.<sup>27</sup>

Pregnancy prevention is influenced by life circumstance and situations which can change significantly through the course of life. Preference around contraception may vary depending upon a particular method's characteristics and features: e.g., hormonal vs non-hormonal, long-acting versus short-acting, delivery systems, effectiveness and whether there are side effects or other concerns. The importance of these aspects of contraception may vary both between individuals and across an individual's lifespan.<sup>28</sup>

With the many different forms of safe and effective forms of contraception available, one cannot assume a 'one size fits all' approach.<sup>29</sup>

The goal of the Women's Health Strategy is to address the priority of health needs of women and girls in Australia by informing targeted and coordinated action at the national and jurisdictional

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<sup>21</sup> Royal Australian and New Zealand College of Obstetricians and Gynaecologists RANZCOG 2023, Contraception and family planning clinical guidance

<sup>22</sup> *ibid*

<sup>23</sup> National Women's Health Strategy 2020-2030. Department of Health, Australian Government (2020)

<sup>24</sup> Australian Institute of Health and Welfare (AIHW) 2020, Australia's sexual and reproductive health

<sup>25</sup> National Women's Health Strategy 2020-2030. Department of Health, Australian Government (2020)

<sup>26</sup> *ibid*

<sup>27</sup> *ibid*

<sup>28</sup> Setting global standards: The paramount importance of considering contraceptive values and preferences of clients and providers - PMC

<sup>29</sup> *ibid*



levels. A key priority area of the strategy relates to increasing access to sexual and reproductive healthcare information, diagnosis, treatment and services. This is to empower choices and control in their decision-making about their bodies, this includes contraceptives.

According to the 2023 report of the Senate Committee inquiry into Reproductive Health, Australia do not currently have consistent access to reproductive healthcare services, this is a disadvantage to women and girls living in regional and remote Australia.

In the report Recommendation 17:3.149:

*The committee recommends that the Australian Government, in consultation with state and territory governments, implement a national support, information and referral model for sexual and reproductive healthcare services”.*

From a national security perspective, gender equality is increasingly recognised as a determinant of economic resilience, workforce participation and intergenerational wellbeing. Australia’s National Women’s Health Strategy identifies access to sexual and reproductive health services, including contraception, as foundational to achieving gender equality and improving long-term social and economic outcomes.<sup>30</sup>

### Improving outcomes

- ☐ Increasing access to contraception improves women and gender-diverse people’s educational attainment, participation in the workforce, career outcomes, and earning reducing the wage gap and alleviating poverty.<sup>31</sup>
- ☐ Decreases depressive symptoms among women with pre-existing mental disorders and has protective effect against anxiety in women; and<sup>32</sup>
- ☐ Empowers women by contributing to the socioeconomic status and wellbeing.<sup>33</sup>
- ☐ Strong health systems are essential to provide quality family planning and reproductive health services and to respond efficiently to unmet needs.<sup>34</sup>

### Conclusion

- ☐ Gender equality, supported by a national access to contraception and reproductive healthcare is a core national and economic security imperative because it empowers women, boosting the work force, economic growth and stability, while reducing poverty, child removal and improving women/girls’ health, mentally and spiritually, lowering conflict risk, through reduced unintended pregnancies and empowering women and girls.
- ☐ A national access and framework to contraception will strengthen societies resilience against crises like climate change and humanitarian disasters. Restricting these rights will undermine women and girls’ capital and continue to fuel instability and making them vulnerable.

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<sup>30</sup> ibid

<sup>31</sup> Australian Women’s Health Alliance Hub- Sexual Health Advocates for Reproductive Equity (Share)

<sup>32</sup> World Health Organization-Impact on contraceptive use on women’s health and socioeconomic status-evidence brief 2022

<sup>33</sup> ibid

<sup>34</sup> ibid



### About us

The Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

### Contact us

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