



Submission of Family Planning Australia

Inquiry into the rights of women and children

February 2023

Human Rights Subcommittee
of the Joint Standing Committee on Foreign Affairs, Defence and Trade
Submission via email humanrights.reps@aph.gov.au

Introduction

Family Planning Australia welcomes the opportunity to make a submission to the Human Rights Subcommittee of the Joint Standing Committee on Foreign Affairs, Defence and Trade regarding the Inquiry into the Rights of Women and Children. We have a strong history of consulting with the Commonwealth Government on policy and programs supporting the health and wellbeing of women and girls in Australia and with our international work in the Pacific region.

Reproductive and sexual health and rights are fundamental to health and essential for sustainable development, underpinning gender equality, health and wellbeing. The achievement of the ambitious Sustainable Development Goals depends on ensuring universal access to essential reproductive and sexual health care. Without this access, many women and their families do not have the opportunity to fully and meaningfully engage in society.

Gender equality and universal access to reproductive and sexual health and rights is more important now than ever, particularly in response to the COVID-19 global pandemic.

About Family Planning Australia

Family Planning Australia is one of Australia's leading providers of reproductive and sexual health services. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting people to have control over and decide freely on all matters related to their reproductive and sexual health throughout their life. Since 1926 we have provided independent, not-for-profit clinical services and health information to communities. Our work is underpinned by evidence and a strong commitment to reproductive and sexual health and rights.

We operate fixed and outreach clinics in metropolitan, regional, rural, and remote New South Wales (NSW) and are experts in contraception, comprehensive sexuality education, pregnancy options, sexually transmissible infections (STI), common gynaecological problems, cervical screening, abortion services, breast awareness and women's and men's sexuality and sexual function.

As a registered training organisation, we provide education and training activities for clinicians, disability workers, teachers, parents and carers, and other health education and welfare professionals. Our education services build the capacity of health, education, and community professionals to address the reproductive and sexual health needs of their communities and region.

Through our Research Centre, we partner with universities and other research organisations to grow the body of knowledge about reproductive and sexual health. We focus on translating research findings into clinical practice and teaching and providing guidance on best practice reproductive and sexual health programmes and services.

Internationally, we work in the Pacific to improve access to comprehensive reproductive and sexual health information and services. We collaborate with other family planning and health organisations in-country and promote a rights-based approach for all people to achieve reproductive and sexual health and wellbeing. We work closely with governments in the region to support the development and implementation of policy in reproductive and sexual health.

We are accredited by the Department of Foreign Affairs and Trade to conduct development assistance in the Pacific and work in Fiji, Kiribati, Marshall Islands, Micronesia, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu.

Executive summary

Family planning services advance the human rights of women and girls. To protect and promote these rights requires sustainable funding directed at these services.

As we build back from the COVID-19 pandemic, we must ensure that universal access to reproductive and sexual health and rights continues to be prioritised as an essential service for health security. In addition, the effects of a range of global disruptions, including worsening impacts from climate change, returns to religious fundamentalism drastically curtailing women's rights, and increasing conflict situations all negatively impact the rights of women and children, across the broad range of social, emotional, cultural, educational, economic and health and wellbeing spectra.

The continued implementation and investment in comprehensive sexuality education is essential to address gender equality and gender-based violence and its drivers over the longer term. Particular attention and additional resources are required to protect and promote the reproductive and sexual health and rights of women and children from priority and disadvantaged populations including those who are culturally and linguistically diverse, Indigenous people, young people, people with disability as well as gender diverse in Australia and beyond.

We call on the Australian Government to recognise that reproductive and sexual health and rights are an essential component of human rights and ask for funding and support of both domestic and international programs to prioritise reproductive and sexual health programs and services, in order to directly protect and promote the rights of women and children.

Recommendations

Family Planning Australia recommends that the Australian Government:

Recommendation 1: Maintain and increase financial and technical support to neighbouring countries to ensure reproductive and sexual health and rights are upheld and strengthened. Supporting our neighbour countries in responding to and recovering from the COVID-19 pandemic by directly addressing the impacts on the reproductive and sexual health of women and children is not only a matter of health security but has social and economic implications that go beyond the immediate situation and directly impact Australia's national interest.

Recommendation 2: Address underlying systemic issues that make women and children, especially in disadvantaged populations, more vulnerable to negative impacts of pandemics and climate change, rising levels of religious fundamentalism, conflict situations and other global disruptions.

Recommendation 3: Continue to develop and invest in in- and out-of-school comprehensive sexuality education curriculums in Australia and in the Pacific Islands, including modules for people with disability.

Recommendation 4: Ongoing and continued implementation of the Transformative Agenda in regards to comprehensive sexuality education in Pacific schools and the wider community, including students with a disability.

Recommendation 5: Fund reproductive and sexual health care for women and children from culturally and linguistically diverse backgrounds. Migrant and refugee women should have access to essential reproductive and sexual health care, ensuring cost is not a prohibitive factor in health care access.

Key points

1. Mitigating the impact of global disruptions

Reproductive and sexual health care has been recognised internationally as an essential health service that needs to remain available and accessible during crises to protect health and respect human rights.¹ Such crises include pandemics and climate change, rising levels of religious fundamentalism and other conflict situations.

The impacts of COVID-19 on people's lives are now evident. Vulnerable populations, particularly women and girls, have been disproportionately affected by the COVID-19 pandemic. The nature of public health emergencies often renders women and girls at increased risk of gender-based violence² as well as unmet contraceptive needs, unintended pregnancies, cervical screening and HPV vaccinations. Globally, it is anticipated that for every three months countries impose lock down measures, there will be an additional 15 million cases of intimate partner violence.³

We know that movement and travel restrictions as a result of the pandemic have disproportionately affected the most vulnerable. With mobile outreach of health and support services suspended or heavily restricted, women and girls in rural and marginalised communities are left with no alternatives. They are also the least likely to access or be able to pay for pharmacy-supplied products, to access any form of telemedicine or to be able to travel further to towns to find care.⁴

The focus on COVID-19 and associated shifting of resources has been at the detriment of reproductive and sexual health services and resulted in reduced access to contraception, STI and HIV testing and treatment, cervical cancer prevention, screening and treatment, and psycho-social support and care for people living in the Indo-Pacific region. Travel restrictions and border closures contributed to supply chain issues and stock outs, with reproductive and sexual health care commodities having been severely disrupted.⁵ This may result in delays or lack of access to health care, even though services such as contraception, pregnancy care and screening and treatment for cervical cancer and STIs, are often time critical.

COVID-19 exposed constraints and limitations in the wider health system, particularly in relation to reproductive and sexual health care. However, despite the upheaval, COVID-19 also provides an extraordinary opportunity to reform health care services. The adaptation of health services due to the pandemic has led to innovative methods of health service delivery, including more widespread telehealth services, multi-month drug dispensing and greater community-led responses. This health system strengthening is crucial to ensure all people, including the most vulnerable and marginalised populations, have access to reproductive and sexual health care services.

Climate change must also be urgently addressed. Analysis across 26 climate-affected countries found that an estimated 14 million women are at risk of losing access to contraception due to climate-related displacement over the next decade.⁶ If access is not protected for these women, that would lead to an additional 6.2 million unintended pregnancies, 2.1 million unsafe abortions, and 5,800 maternal deaths in the next decade alone over and above current projections. As more people become displaced, the need for access to safe, appropriate and quality reproductive and sexual health care is only going to increase. Decision-making around climate change mitigation strategies must employ a rights-based approach to consider vulnerable groups and avoid creating further problems.

Recommendation 1: Maintain and increase financial and technical support to neighbouring countries to ensure reproductive and sexual health and rights are upheld and strengthened. Supporting our neighbour countries in responding to and recovering from the COVID-19

pandemic by directly addressing the impacts on the reproductive and sexual health of women and children is not only a matter of health security but has social and economic implications that go beyond the immediate situation and directly impact Australia's national interest.

Recommendation 2: Address underlying systemic issues that make women and children, especially in disadvantaged populations, more vulnerable to negative impacts of pandemics and climate change, rising levels of religious fundamentalism, conflict situations and other global disruptions.

2. Comprehensive sexuality education is essential to protect and promote human rights

Comprehensive sexuality education (CSE) is a crucial early intervention strategy for ensuring the reproductive and sexual health and rights of women and children are recognised and advanced. Evidence shows that CSE leads to greater appreciation of sexual diversity, dating and intimate partner violence prevention, development of healthy relationships, prevention of child sex abuse, improved social/emotional learning, and increased media literacy.⁷ The United Nations Education, Scientific and Cultural Organization (UNESCO) advises that CSE has a positive impact on safer sexual behaviour, delays sexual debut, and can reduce unintended pregnancy and STIs.⁸

Across the world, CSE is delivered inconsistently. This is also the case in Australia, even taking into account recent updates to the Australian Curriculum around reproductive and sexual health and rights content in school education programs. Further investment is required to ensure age-appropriate, evidence-based CSE programs are provided with sufficient breadth of content and quality of delivery to positively support the health and rights of women and children, with people of all genders contributing to healthy relationships and positive reproductive and sexual health outcomes.⁹

Our projects in the Pacific build the capacity of local educators to provide CSE to their communities, with the overall aim of empowering people to make informed decisions about their own reproductive and sexual health and exercise their reproductive and sexual health rights. Both school-based and out-of-school CSE in the Pacific provides widespread regional benefit and behaviour change to support human rights. Ongoing Australian overseas development assistance to support CSE is essential.

Recommendation 3: Continue to develop and invest in in- and out-of-school comprehensive sexuality education curriculums in Australia and in the Pacific Islands, including modules for people with disability.

Recommendation 4: Ongoing and continued implementation of the Transformative Agenda in regards to comprehensive sexuality education in Pacific schools and the wider community, including students with a disability.

3. Improve support services available to women and children from culturally and linguistically diverse backgrounds, including migrants and refugees

People from culturally and linguistically diverse backgrounds in Australia, including migrants and refugees, typically experience poorer reproductive and sexual health outcomes than those from an Anglo-Australian background. They may experience higher rates of unintended pregnancy and STIs, yet have lower rates of testing for STIs.^{10 11 12} These communities may also have lower uptake of some methods of contraception, including the oral contraceptive pill and contraceptive implant, and

higher use of less effective options.¹³ These disparities may be attributed, in part, to lower utilisation of reproductive and sexual health services.

NSW is culturally and socio-demographically diverse. For example, over 90,000 residents in the South-West Sydney region of NSW speak a language other than English at home, over 20,000 residents identify as Indigenous, and the youth population is high with 35% of residents aged 24 or under.¹⁴ However, limited access to reproductive and sexual health services exacerbates the disparity that currently exists for disadvantaged populations.

We believe that reproductive and sexual health services should be offered to all groups in the community in a style, location and manner that ensures accessibility. This includes access to professional interpreter services, outreach programs, information in appropriate languages and culturally appropriate service provision.

Funding of additional reproductive and sexual health services through fixed clinics, outreach models and telehealth and the expansion of existing services would ensure greater access to these essential services. Community and professional education in reproductive and sexual health would also be beneficial. Reproductive and sexual health outcomes are enhanced by a primary health care approach that recognises the importance of a range of issues, including migration and settlement issues in the lives of clients and communities. Maximising reproductive and sexual health outcomes in a multicultural society requires respect for human rights and an environment free from racism and discrimination.

Recommendation 5: Fund reproductive and sexual health care for women and children from culturally and linguistically diverse backgrounds. Migrant and refugee women should have access to essential reproductive and sexual health care, ensuring cost is not a prohibitive factor in health care access.

Conclusion

Reproductive and sexual health is fundamental to human rights, and to uphold and promote gender equality and shared decision making. The Australian Government should prioritise implementing measures which promote gender equality, the economic empowerment of women and girls and access to family planning services as well as comprehensive sexuality education. Australian investment in the Pacific to improve reproductive and sexual health outcomes, reduce sexual and gender-based violence and increase the social impact of women can ensure the sustainability of development programs and increase the resilience of communities. Finally, people from priority populations, including youth, people from culturally and linguistically diverse backgrounds, people with disability and Indigenous people require vital reproductive and sexual health care to be funded, to overcome disadvantage and ensure health outcomes are optimised.

Notes and references

1 As a member of the International Consortium for Reproductive and sexual Health and Rights, our [joint submission](#) (2020) to the [Inquiry into the implications of the COVID-19 pandemic for Australia's foreign affairs, defence and trade](#) delved into these matters.

2 ASHM Blood Borne Virus, Sexual Health and COVID-19 Regional Advisory Group's [submission](#) (2020) to the [Inquiry into the implications of the COVID-19 pandemic for Australia's foreign affairs, defence and trade](#).

-
- ³ UNFPA. Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage. *UNFPA website*. 2020. Accessed 6 February 2023 <https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf>.
- ⁴ Church K, Gassner J, Elliott M. Reproductive health under COVID-19 - challenges of responding in a global crisis. *Sexual and Reproductive Health Matters*. 2020 Dec;28(1):1-3. doi: 10.1080/26410397.2020.1773163.
- ⁵ UNFPA. UNFPA supplies COVID-19 update – 16 April 2020. Accessed 6 February 2023 <<https://www.unfpa.org/resources/unfpa-supplies-covid-19-update-16-april-2020>>.
- ⁶ MSI Reproductive Choices. The impact of the climate crisis on reproductive choice. MSI Reproductive Choices website. 2021. Accessed 6 February 2023 < <https://www.msichoices.org/media/4296/the-impact-of-the-climate-crisis-on-reproductive-choice-final.pdf>>.
- ⁷ Goldfarb ES, Lieberman LD. Three decades of research: The case for Comprehensive Sex Education. *Journal of Adolescent Health*. 2020, October;68(1):13-27. doi: doi.org/10.1016/j.jadohealth.2020.07.036
- ⁸ UNESCO. International technical guidance on sexuality education: An evidence-informed approach. UNESCO website. 2018. Accessed 6 February 2023 < <https://unesdoc.unesco.org/ark:/48223/pf0000260770>>.
- ⁹ Power J, Kauer S, Fisher C, Chapman-Bellamy R, Bourne A. The 7th National Survey of Australian Secondary Students and Sexual Health 2021 (ARCSHS Monograph Series No. 133). 2022/ Melbourne: The Australian Research Centre in Sex, Health and Society, La Trobe University.
- ¹⁰ Dean J, Mitchell M, Stewart D, Debattista J. Sexual health knowledge and behaviour of young Sudanese Queenslanders: a cross-sectional study. *Sex Health*. 2017; 14:254–260.
- ¹¹ Grulich A E, de Visser R O, Badcock P B, Smith A M A, Richters J, Rissel C, Simpson J M. Knowledge about and experience of sexually transmissible infections in a representative sample of adults: the Second Australian Study of Health and Relationships. *Sex Health*. 2014; 11:481–494.
- ¹² Richters J, Fitzadam S, Yeung A, Caruana T, Rissel C, Simpson J M, de Visser R O. Contraceptive practices among women: the second Australian study of health and relationships. *Contraception*. 2016; 94: 548–555.
- ¹³ Watts M C N C, McMichael C, & Liamputtong P. Factors influencing contraception awareness and use: The experiences of young African Australian mothers. *Journal of Refugee Studies*. 2014; 28: 368-387.
- ¹⁴ South Western Sydney Public Health Network. South West Sydney: Our Health. An in-depth study of the health of the population now and into the future. South Western Sydney PHN, 2019.