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Submission to the Senate Standing Committees on Community Affairs, inquiry on universal access to reproductive healthcare

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Executive summary

This submission presents personal experiences of abortion-seeking across Australia, drawing on interviews with 24 women[1] who sought abortion care between March 2020 and November 2022. Data were collected as part of Monash University research.[2]

Problems with accessibility

We found that people lack information about where to get abortion care and have difficulty finding local abortion services, especially in regional areas. As a result, delays to abortion care are common and create distress for abortion seekers. Public health services have insufficient capacity, so most abortion-seekers in the country obtain private abortion care and must pay out of pocket. The service is found to be expensive and frequently unaffordable for many people seeking care, even with Medicare rebates. There are hidden costs associated with accessing abortion services including travel, childcare, and lost income, especially when there is no local service. The cost of abortion care varies by state and territory, with some providing free services, and by method, with medication abortion costing less than surgical.

Problems with workforce development

We found that people commonly experience unwarranted judgement and stigma when they seek abortion care. This includes being denied care, being congratulated on the pregnancy, or being urged not to have an abortion. Notably, some people received the high-quality and supportive abortion care that should be available to all. The quality of abortion care can be improved through workforce training to reduce stigma and improve supportive and non-judgemental provision of care at all points along the care trajectory.

Problems with community stigma

The public stigma associated with abortion isolates people who are seeking care and can deter them from finding timely care. It is important to reduce stigma not only in the health system but also in the community at large.

Recommendations

- A national task force on universal access to reproductive healthcare is needed.
- Strategies to reduce abortion stigma must be developed through workforce training and community initiatives.
- The costs and distance to abortion care must be reduced to ensure universal access.

[1] The study recruited anyone who sought abortion services, regardless of gender identity. All participants identified as cisgender women. We use the term "women" to represent the identities of the participants and "people" to represent the broader group of pregnancy-capable people who may need abortion care.

[2] Monash University Research Ethics Committee ID: 30926. More details on the research and results are available upon request.

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Background

On 28 September 2022, the Senate referred an inquiry into the universal access to reproductive healthcare to the Senate Community Affairs References Committee to be reported by 31 March 2023. There is a current consultation listed on the Senate Standing Committees on Community Affairs website, which is open until 11.59 pm AEDT on 15 December 2022. We appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

We consent to this submission being published on the inquiry website and shared publicly.

Our research team at the School of Public Health and Preventive Medicine at Monash University has been documenting the experiences of abortion seekers across Australia[3]. Our aim is to identify the diverse barriers to, and facilitators of, access to abortion care, including in the context of the pressures to the health system during the COVID-19 pandemic.

We interviewed 24 women between 20 and 40 years of age in six Australian states and territories. Two-thirds live in metropolitan areas and one-third in regional/remote areas, similar to the population distribution. Participants experienced medical and surgical abortions, had gestational ages from 6 to 28 weeks, and used different modalities of care (telehealth, GP, clinic, hospital, private and public sectors). These diverse experiences shed light on what must be done to attain universal access in Australia.

Terms of Reference response

This section is framed in direct response to the Committee Terms of Reference, with attention to terms of reference topics B, C, and I. We are providing no comment on areas A, D, E, F, G, and H.

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B: Cost and accessibility of reproductive healthcare, including pregnancy care and termination services across Australia, particularly in regional and remote areas.

These quotes and experiences come directly from 24 women[4] who sought abortion care between June 2020 and November 2022 in diverse circumstances across Australia.

People lack information about where to get abortion care.

"I jumped on Google, but there wasn't any sort of direction on facilities or where you could go. I found a lot of religious websites saying you can adopt. Nothing really about services that are available." (Regional NSW)

"I didn't really have much of a sexual health education, and I grew up in a religious family. I didn't know anyone who'd had an abortion before. I just had no idea where to go. I didn't know that a GP could do it." (Urban VIC)

Many have difficulty finding abortion services nearby, especially in regional areas.

A 20-year-old student had difficulties finding abortion care nearby. *"The only ones who do surgical abortions in the area had a month wait."* She travelled more than two hours each way to access timely services and spent 10 hours at the abortion clinic. (Regional NSW)

A 29-year-old working in remote QLD found no local options for care. A FIFO clinic more than 10 hours away cancelled her appointment, so she called the local hospital and was told *"they can't do*

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anything." All the abortion prescribers in the area were on leave or not accepting patients. She ultimately found one local GP who was accredited as a medication abortion prescriber but didn't want to provide abortion care. He questioned her decision and tried to dissuade her. She feared she would be forced to have an unwanted child because of the inaccessibility of abortion care in QLD, as she was days from the gestational age limit. (Regional QLD)

"*He was hesitant to give it to me. He said, 'I'd rather you think about it and come back Monday.' I said, 'no I'm running out of time, I do not want to delay this any further.' He then said, 'I will prescribe this for you if you promise to go on contraception afterwards. You're not allowed to do this again.'"* (Regional QLD)

Delays to abortion care are common and create distress for abortion seekers.

"I had to ring a few different places and was told it would be a six to eight week wait. I was really shocked, because I was expecting it to be an easier process." (Regional NSW)

Delays for laboratory and sonography appointments are also common, further delaying the abortion service. Waiting for an abortion appointment was "horrible", "like an eternity", "awful", "anxious", and "nerve wracking".

Abortion care is "surprisingly expensive" and many need help paying for it.

"I had a heart attack, because it was $500. And with a health care card too. It's so much money, I just think it's crazy… It's $1200 without a Medicare card…someone paid that when I was in there…I nearly fell over." These costs created a burden, particularly for people without Medicare, those with children, with casual or insecure employment, and for reasons including having "*many other medical bills, and this was just another one adding to that month that I didn't expect."* (Regional VIC)

"I had to borrow from my partner to be able to afford it outright. Maybe the upfront fee was $500 plus, and then I did get the Medicare rebate, but my doctor's clinic is a private billing clinic and then the ultrasound was obviously an extra few hundred dollars." (Urban VIC)

Abortion care has hidden costs, especially for those who travel for care.

A student travelled two and a half hours to an urban area to get a timely abortion service, because *"the only ones who do surgical abortions in my area had about a month wait."* She spent $500 for the surgical abortion, over $200 on parking, birth control, pain medicine and sanitary pads, and also paid for petrol, while losing income due to time off from her casual waitressing job. *"I was really lucky that my partner could financially help me. He paid half and I paid half, but it would have been really quite difficult otherwise."* (Regional NSW)

A 30-year-old living in Australia for five years on a working holiday visa described the inconvenience and challenge of travelling for three separate appointments. *"I had to go from my town to the sexual health clinic to do the blood test and ultrasound, about one hour each way. My boyfriend does not drive, so I had to drive, and it can be very tricky, with a lot of curves."* In addition to travel costs, the medical appointments were $200, petrol was over $100, and she paid for the abortion pills. She and her boyfriend lost income as they took time off from their casual hospitality jobs for the appointments. (Regional QLD)

One woman had to plan her abortion procedure while considering how to care for her three children. *"It's an abortion clinic so there's no children allowed. We didn't want anyone to watch our kids because we didn't want anyone to know what we were doing."* She and her husband drove 40 minutes to the abortion clinic with the children in the car. (Urban WA)

Cost varies by location. Providing free care makes a difference.

"It's free here. I feel like it's so inclusive. Distance is a barrier, but you know you can access it if you can get there." (Regional NT)

"*We're very lucky here in South Australia in that the services actually don't charge. The only thing that I had to pay for with the medication."* (Urban SA)

"*The doctor asked, 'Do you want to travel to the sexual clinic for a low-cost service or do you want to be seen locally in a private practice?' So, I went with the sexual health clinic."* (Regional QLD)

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C: Workforce development options for increasing access to reproductive healthcare services, including GP training, credentialing and models of care led by nurses and allied health professionals.

Judgement and stigma are common and negatively influence the abortion care experience.

Fear of judgement.

"I was nervous about receiving judgment from the doctor's clinic. That made me the most anxious." (Urban VIC)

Denial of care.

"*The receptionist on the phone just said 'no, we don't do that.' She was very short and very abrupt."* (Urban QLD)

"It was the receptionist that told me the GP couldn't help me. It was a complete pounding experience of not having the right information or the right people to speak to. I actually couldn't get in to see my GP. She passed me on, sort of judgmental." (Urban VIC)

Dissuading patients from having an abortion.

"The doctor said, 'I don't recommend [an abortion] because you'll regret it if you're 30.' The GP should have had more information and less opinions and steered me in the right direction, like they would with any other procedure."

Judgemental interactions with laboratory technicians and health care providers.

"I was there for less than a minute for the ultrasound. But the doctor's bedside manner, it's just not very nice. He made me feel very uncomfortable. His voice and mannerisms were very stern. He definitely had an impact on my experience there. (Regional NSW)

"I found the nurse in the abortion clinic horrible. She had zero understanding, zero tolerance, was really judgmental. I was thinking, these women who are here in a very volatile, vulnerable state. Anyone working in this field needs to be incredibly sympathetic to the people that they're serving." (Urban WA)

"I think the whole situation made the GP uncomfortable. I called and said 'I found out that I'm pregnant. I don't know where to go. Is that something that you can help me navigate?' And he got a bit uncomfortable and just said, 'we don't do that here'. It was very dismissive. I was literally on the phone with him for three minutes and I left more confused." (Urban QLD)

Health care providers often assume participants want to keep their pregnancy.

"The lady who took my bloods said, 'You're pregnant, congratulations! Are you gonna find out what you're having?' And I was just like 'oh my gosh.' I faked it and I just played along because I didn't want to have that conversation. That felt like taking a bullet." (Urban VIC)

High-quality, supportive care is possible, and is appreciated by abortion seekers.

"The GP was amazing. Really supportive and understanding. She didn't ask any questions that would imply judgement. She explained everything in great detail. That emotional support. Everyone should get access to a GP as lovely as mine." (Urban VIC)

"[At the abortion clinic] they were very friendly, nice, and warm. There were no questions about my decision, like 'what makes you decide to do this.' They were matter of fact and clinical, but still respectful, kind and generous. They were lovely to deal with. (Urban VIC)

Positive examples help understand what the health system and providers should strive for. With workforce training and efforts to reduce stigma, this standard for high-quality and supportive care can be attained for everyone seeking abortion services.

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I: Any other related matter.

Abortion stigma in the community is common and isolates people seeking care.

People seeking abortion care often keep their abortion secret or feel uncomfortable asking for advice and support. Abortion has "a level of secrecy", is "a bit taboo", and "no one wants to talk about it".

"It's a bit of social shame. You're not sure how people will react. I don't think there's anything wrong at all with abortion services, but I suppose it's just that fear of people judging you."

Abortion care experiences would be improved by efforts to reduce not only stigma in the health system, but also stigma in the community.

"I didn't need to feel so alone, and I think, ultimately, it is because of the stigma around abortion. One in four women has an abortion, so it is crazy that no one really talks about it. I think that's the biggest barrier that doesn't need to be there." (20 year old, Regional NSW)

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Recommendations

Universal access to reproductive healthcare is essential. We support this important Inquiry, with the following recommendations:

- **A national task force on universal access to reproductive healthcare is needed.** This task force can systematically engage in an evidence-based review of the barriers to and facilitators of access to abortion care, to inform concrete steps forward to ensure universal access to reproductive healthcare for all.
- **Strategies to reduce abortion stigma must be developed.** Stigma has a pervasive influence on abortion access and quality of care and women's mental health and wellbeing.[5] Investments must be made in developing and testing interventions to reduce stigmatising interactions on the pathway to abortion care. Strategies to address abortion stigma in the broader community are needed to create an enabling environment for universal access.
- **The cost of and distance to abortion services must be reduced.** Cost and distance are barriers to abortion care. Delays to care are deeply distressing due to the time-sensitive nature of abortion care and should be minimised. Strategies to ensure access to free or low-cost services for all must also consider those who might otherwise be excluded from health systems, including those without Medicare or who live far from health services.

[5] Sorhaindo and Lavelanet. "Why Does Abortion Stigma Matter? A Scoping Review and Hybrid Analysis of Qualitative Evidence Illustrating the Role of Stigma in the Quality of Abortion Care." Social Science & Medicine 311 (2022): 115271.