



SENATE INQUIRY – November 2022

Universal access to reproductive healthcare

Submission by:

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This submission seeks to raise considerations for the Senate Committee in relation to point d) of the Terms of Reference:

d) Best practice approaches to sexual and reproductive healthcare, including trauma-informed and culturally appropriate service delivery.

For the purposes of this submission we have concentrated on this overarching point, but note that several of the points in the Terms of Reference have relevance for women, men and gender-diverse parents.

Our key message is that reproductive health care access should be viewed through a family-centred, father-inclusive lens.

Introduction

For access to reproductive healthcare be truly universal, our health system needs to do more than provide women-centred care. It must ensure fathers and men seeking to become fathers also have access to information, care and support.

Healthy Male is a peak men's health organisation¹ that advocates for universal access to sexual and reproductive health information, treatment and services for the benefit of men and women. As experts in the field of sexual and reproductive health, we strongly believe that issues pertaining to women's access need to be considered in the context of a 'whole-of-family' approach, with men's engagement and access to services being significant factors.

We are concerned that the scope of the Inquiry, with no mention of fathers or other non-birthing parents, will limit its ability to influence the development of best practice health care. Good sexual and reproductive health is a universal concern, with issues particular to women, men and other non-birthing parents, from preconception to parenthood. The Australian Government's Pregnancy Care Guidelines acknowledge that '*fathers have needs of their own as individuals and not simply as companions or supports for their partner*'.¹ In somewhat of a Venn diagram, parents' needs intersect, necessitating gender-based services where appropriate, as well as inclusive services that recognise and value the engagement and involvement of both parents.

¹ As a men's health organisation, our work and the terminology we use, are often binary in nature. Please note that we use inclusive definitions. 'Men' includes all people who identify as men and 'women' includes all those who identify as women. Similarly, the terms 'father', 'mother' and 'parent' encompass all those who identify with them.

We are conscious that reproductive health issues are often related to a person's sex as assigned at birth, which may differ from their gender. We appreciate that the challenges faced by many men throughout the perinatal period may be shared more widely by non-birthing parents, regardless of their gender.



We argue that efforts to improve women's access must incorporate men's engagement at appropriate points along the journey to parenthood. The whole family will be impacted by men's engagement and involvement in reproductive healthcare, their health literacy and their mental and physical health.

This plays out in multiple ways, affecting fertility, family planning, contraception, women's experiences of pregnancy and birth, family relationships, children's health and overall family wellbeing.

The following suggestions are offered not to detract from the improvements needed to women's services, but to improve the experiences and health outcomes of both parents and their children – surely the ultimate goal of any sexual and reproductive health reforms.

Healthy Male

Healthy Male is a peak men's health organisation with a proud, twenty two-year commitment to improving men's health.

Healthy Male does much more than provide health information to the community and health professionals. Working in collaboration with others, Healthy Male facilitates action on men's health by advocating for change, empowering men and boys to act on their health, building the capabilities of the health system and workforce, and prioritising efforts to close the health and wellbeing gaps in specific groups. Ultimately, we are working towards our vision of 'generations of healthy Australian men'.

Healthy Male was the Department of Health's major partner for development of the **National Men's Health Strategy 2020-2030**. Designed to guide action for continuous improvement in the health and wellbeing of men and boys over the next decade, the Strategy was informed by evidence, developed with input from a wide range of health professionals and reflects feedback from an extensive public consultation.

Our **Plus Paternal: A focus on fathers** project was developed in response to the Strategy's call for a more inclusive approach to parenthood and the expansion of the maternal and child health infrastructure to include fathers. Plus Paternal's aim is to - *Improve the health of men and their families by influencing changes to the health system, and beyond, to increase the engagement and support of fathers and potential fathers*. Plus Paternal focusses on the health system, whilst acknowledging that society more broadly has a role to play in valuing and supporting fathers and men seeking to become fathers.

Having identified some significant shortfalls within the reproductive health system, and beyond, in relation to the way men are viewed, engaged and supported, Plus Paternal is working in partnership with key organisations to address the shortfalls. The Plus Paternal [Case for Change](#)² was launched in 2020 as an advocacy tool to improve men's experiences and support as they plan for and become fathers. The seven goals of the Case for Change have been formally endorsed by over thirty organisations and individuals committed to creating a more inclusive reproductive health system. These supporters make up the [Plus Paternal Network](#); an active collaboration of mainly national organisations working to advocate and effect systems change. The group shares a common interest in reproductive health care and includes peak bodies, national associations and alliances, parenting organisations, perinatal mental health services, research institutions, consumer groups and more.

Background on the National Women's Health Strategy

As developers of the National Men's Health Strategy 2020-2030ⁱⁱ on behalf of the Australian Government, Healthy Male was privy to the intentions of both the Men's and Women's Health Strategies. The two Health Strategies were developed in unison through parallel and overlapping processes. Consultations were conducted in partnership, there was consideration of points of dual concern and collaboration on outcomes. Neither were intended to be viewed in isolation, but rather, were to be synergistic.

The National Men's Health Strategy's call for a more inclusive approach to maternal and child health, is therefore of relevance to this Inquiry.

² Please note that one of the Guiding Principles of the Case for Change is No Competition – initiatives to improve the health of men do not detract from, nor compete with women's health initiatives.



Best practice approaches to sexual and reproductive healthcare

Why a family-centred approach is needed

It is of course appropriate and required that reproductive health services concentrate on women's and children's welfare. However, by taking a family-centred, father-inclusive approach and actively engaging and involving both parents, the system will be better placed to help families prepare for and manage parenthood.

Family-centred practice means different things to different people, and all families are of course different. The Raising Children Network (funded by the Australian Government) defines a family-centred approach as *'a way of working in partnership with families to better understand their circumstances, and to help parents decide what strategies will best suit their children and families'*.ⁱⁱⁱ They contend that *'children's wellbeing and development depends on the wellbeing of all other family members and of the family as a whole'*.^{iv} The Department of Social Services describes a family-focussed approach as *'one that places children at the centre but also considers what all family members want and need, how supports can be provided in a way that builds (rather than undermines) family relationships and strengths, and equips them to find solutions to the problems they face'*.^v

Father-inclusive practice occurs when the needs of fathers (biological and social) are responded to through the planning, development and delivery of services. It recognises families as a system, and acknowledges a balance between the needs of fathers and the family as a whole.^{vi} A family-centred, father-inclusive approach is promoted by the Australian Government's Father-inclusive Practice Guide.^{vii} This approach, that provides both parents with access to appropriate services and information, brings benefits for mothers, fathers and children. For example:

- Fertility is an issue for both prospective parents, necessitating that both have access to health services and information during preconception. For infertile couples, the male contributes to infertility in around half of all cases.^{viii, ix} With young women and men's awareness and knowledge about fertility and preconception health limited^x, and health professionals reporting that they do not feel equipped to provide preconception care for men^{xi}, there are clearly access challenges for families.
- The mental health of parents influences families in many ways. With one in 10 fathers experiencing depression and/or anxiety before or soon after birth, and 45% of fathers unaware that men can experience postnatal depression as well as women, efforts to raise awareness of perinatal mental health challenges and promote health seeking need to be directed at both parents.^{xii, xiii, xiv}
- Children's health is influenced by both their parents' health, with men's preconception health affecting fertility and the future health of their children.^{xv} This reinforces the need to educate both parents about optimal preconception health.
- Inclusive parenting education can help to engage and inspire both parents to prepare for parenting and to build strong relationships with their children. Father-child bonding has been shown to contribute to healthy child development.^{xvi}
- Women are at greatest risk of experiencing domestic violence from their partner during pregnancy, and shortly after the birth.^{xvii} The reasons for this increased risk are complex, but relate to gender bias and notions of power and control.^{xviii} Universal access to inclusive parenting education programs that challenge the rigid gender stereotypes associated with parenting will help to build equal and respectful family relationships.

We contend that a family-centred approach needs to apply to access and inclusion across the whole parenting journey – from preconception to parenthood, with efforts to increase access for women complemented by efforts to engage and involve fathers and other non-birthing partners. The involvement of fathers should be deliberate and resourced, not a tack on.



Opportunities for change

We would like to draw the Senate Committee’s attention to the following issues, highlighted in the Plus Paternal Case for Change.^{xix} The suggested solutions pose opportunities for reproductive healthcare reforms that will benefit all family members.

Issues	Solutions
<p>Health policy does not consistently address the health and wellbeing of both parents, nor the importance of their dual engagement and support</p>	<p>All policies, strategies and guidelines related to reproductive health should acknowledge the needs of both parents and provide guidance in meeting those needs.</p> <p>A universal Pathway of Care for parents should be embedded across the health system to support nationally consistent, standardised care, with mechanisms to recognise men who are prospective fathers as unique clients with specific needs.</p>
<p>The health system does not support the proactive engagement of both parents</p>	<p>Our health system should be structured and adequately resourced to effectively care for both parents’ health and wellbeing.</p> <p>Men and women should be proactively engaged and supported from preconception to parenthood, and at times of loss or distress.</p> <p>Initiatives that embed the care of men should become standard practice:</p> <ul style="list-style-type: none"> • Men should be encouraged to attend appointments to discuss reproductive life planning and their pathway to fatherhood • A screening tool for anxiety and depression that has been validated for men should be routinely offered to fathers, with clinical guidelines developed for appropriate usage • The routine engagement of men in relation to reproductive health should be supported by service/practice level initiatives including software systems, health pathways and local information campaigns.
<p>Health professionals are not trained or resourced to support men and women</p>	<p>The roles and remits of health professionals who provide reproductive health services should include the proactive engagement and care of fathers and prospective fathers.</p> <p>The reproductive health workforce should receive training and information on father-proactive practice, the benefits of supporting men as they become fathers, emotional support during fertility treatment and at times of loss, and strategies for engaging men.</p>
<p>Both parents are not always prepared for the transition to parenthood</p>	<p>Information and education for fathers and prospective fathers, that addresses their needs as well as the needs of their families, should be widely available in various formats and languages.</p> <p>The curriculum of antenatal education and first-time parenting classes should be reviewed and expanded to include nationally consistent content that addresses the needs of both parents.</p> <p>Information needs to be readily available for both parents on practical issues related to having a child and emotional issues, such as likely relationship changes.</p> <p>Effective, culturally appropriate programs, services and resources for supporting fathers are needed across all levels of service provision and should be widely accessible in diverse formats.</p>



Issues	Solutions
	Initiatives for fathers from priority population groups should be trialled and, if successful, made widely available.
The reproductive health system, through its focus on mothers, may reinforce gendered parenting stereotypes	<p>Communications and systems changes are needed to challenge gendered parenting stereotypes. By engaging and working with both parents, the system can support parents to work together as a team, to discuss and decide who will do what when the baby arrives, how they will share the household chores, how they will parent and troubleshoot together.</p> <p style="text-align: right;"><i>“Positioning men as a ‘support’ to labour leaves them as a ‘support’ to parenting.”</i> Plus Paternal Network Member</p>

Conclusion

We commend any effort to improve access to high quality reproductive healthcare, but as argued above, believe that the best outcomes for families will only be achieved if access is viewed through a family-centred, father-inclusive lens.

Our health system does not proactively engage men and other non-birthing partners as they attempt to, and/or become parents. Instead, across many health services, men are viewed as secondary to the child-bearing process – welcome, but not active partners. This mindset, and the system that supports it, leaves men feeling undervalued and lessens their ability to be engaged and proactive parents, who make positive contributions to the growth and development of their children.

We have offered a range of suggestions for health systems reform to change this mindset and create more inclusive experiences and environments for all parents for the benefit of all. These suggestions should not take away from the important improvements needed for women’s services, but rather, should enhance what can be achieved through an inclusive, best-practice approaches to sexual and reproductive healthcare.

Attachments

- Plus Paternal Case for Change

For further information please contact

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References

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