



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON HEALTH AND COMMUNITY WELLBEING
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Submission Cover Sheet

Inquiry into Abortion and reproductive choice in the ACT

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YOUTH ADVISORY COUNCIL

Submission to the Australian Capital Territory Legislative Assembly Standing Committee on Health & Community Wellbeing's Inquiry into abortion and reproductive choice in the ACT

1. INTRODUCTION

This submission to the Standing Committee on Health and Community Wellbeing's Inquiry into abortion and reproductive choice in the ACT (the Inquiry) was prepared on behalf of the ACT Youth Advisory Council (Council) and is representative of the lived experiences and diverse views of approximately 80,000 young people living in the ACT.

Council is comprised of 15 members aged 12 to 25 years at their time of appointment, and who reflect the diversity of young people living in the ACT. Membership includes young people who identify across the gender spectrum and within the LGBTQIA+ community; who live with disability; young people from culturally and linguistically diverse backgrounds and Aboriginal and Torres Strait Islander communities; and who have varying levels of educational attainment and employment status. Council recognise that many young people often have identities which intersect across a number of these areas and may identify with communities and experiences outside of those listed here.

Council are proud to serve as a link between young Canberrans (aged 12-25 years) and the ACT Government by facilitating young peoples' needs, ideas, aspirations and concerns to be heard through participation in consultations, surveys, community forums, open meetings and written submissions. Council welcomes the opportunity to make this submission to the

Inquiry, and to elevate a youth perspective in the conversation about the accessibility, affordability and legal protections for abortion and reproductive choice in the ACT.

Council acknowledge that we meet and prepare this submission on Ngunnawal land and pay our respect to the traditional custodians of this land and to the Elders of the Ngunnawal Nation, both past and present.

2. ABORTION

2.1 Access to information

Based on Council's experiences, young people in the ACT do not feel well informed about who they should talk to about having an abortion, where one can be performed, whether you need parental consent, how young you can access an abortion, and the time, requirements and costs of the procedure. Beyond talking to a GP and conducting a google search, young people expressed they would feel overwhelmed and unsure about how to access relevant and credible information on abortions in the ACT if they were to need one. Additionally, many young people shared they would not feel comfortable talking to their school healthcare providers, family GP, peers, or parents about where to access this information because the topic is still socially stigmatised as a form of reproductive choice and is largely avoided in mainstream sexual health education.

2.2 Access to services

In the ACT, there is currently no list of GPs who provide medical abortion services and people are required to personally identify care providers [1]. There is also no requirement for practitioners who conscientiously object from providing an abortion to refer the individual to a willing provider [2]. This poses a significant barrier to young people who are resource poor and do not have the time, financial means or necessary information to seek out a willing and qualified medical practitioner.

Dr Jo Wainer provides a compelling argument that “the pathway for doctors to prescribe (medical abortions) needs to be much easier and more strongly supported. Health services need the support of their communities, but in particular the support of departments of health and politicians saying, ‘We expect this of you. It is part of your responsibilities.’” [3] Council notes that young people regularly identify that online booking systems, being able to do pre-research on the service provider/s, clear referral pathways, and access to transparent information are mechanisms that help reduce the barriers to primary health care for young people. The current status quo of the provision of medical abortions not being included in reproductive health training for GPs and reliance on an opt-in model does not support equal access to medical abortions or promote a culture of safe access.

In addition to this, Council identified a number of other barriers to accessing abortion services including:

- Location: especially for young people who do not have a car and need to rely on public transport. With the only two service providers in the ACT and surrounding region located in Queanbeyan and the city, distance can hugely exacerbate the inaccessibility of services.
- Stigma and shame: especially for young people who do not have family support and/or a strong support network, and for young people who are already vulnerable to poor mental health.
- Lack of culturally safe care: particularly for young Indigenous and Torres Strait Islander people, non-binary and LGBTQIA+ young people, and young people from culturally and linguistically diverse backgrounds.
- Cost: including both the cost of the abortion and other associated costs such as counselling, travel, GP appointments and missed work. The majority of young people are employed in casual positions and are unable to access sick or personal leave so will suffer lost pay.
- Lack of independence: including where young people do not have their own source of income, cannot meet the requirement of having a support person attend the appointment and/or pick you up after the procedure.
- Missing school, university or other study: especially where a doctor's certificate is required to validate their absence.
- Lack of information: including not knowing their legal protections and rights and being unsure what their options are.

2.3 Affordability

Council wishes to recognise the ACT Government's recent commitment to providing Canberra's access to free abortions from mid-2023, and express agreement with Health Minister Rachel Stephen-Smith's comment; "it is essential that these services are safe, affordable and accessible, regardless of how much money you have." [4] We strongly believe this commitment has potential to overcome the affordability concern for many young people and increase access to abortion services in the ACT - particularly for young people without family support, or the necessary financial means.

Council notes the ACT Government's intention to undertake consultations relating to the specific design of this commitment in early 2023 and ask that young people are actively and meaningfully engaged in this process in order to ensure our accessibility needs are taken into consideration.

2.4 Legal protections

On the whole, young people are generally aware that abortions can be accessed in the ACT up to 16 weeks gestation and that exclusion zones are in place around abortion clinics. However, expressed concern about being unsure whether they could access services completely confidentially, how their age impacted their access and if, and for how long, a record of the procedure would be kept.

Council identified that a big barrier to spreading awareness about the legal protections for abortions in the ACT is the perceptions that there is a "need to know" basis - where information is only given when it is specifically asked for. We noted the active effort required to access such information may present a barrier to accessing services safely and comfortably and recommend promoting more freely available information to help inform a culture of openness and general awareness.

2.5 Recommendations

1. To develop educational resources that centre young people in reproductive healthcare and abortion services, and to provide these where they will be readily accessible to all young people. Resources should include information on who to talk to and the legal protections and rights for young people accessing abortions in the ACT.
2. To better integrate abortion services into primary health care. Including developing a publically available list of all medical abortion providers in the ACT and implementing a requirement for practitioners who conscientiously object from the provision of abortions to be required to refer the patient to an alternative clinic or service.
3. To investigate access pathways to abortion for young people in the ACT. Not limited to, but particularly including physical access such as transport.
4. To ensure young people are meaningfully included in consultations relating to the design and implementation of the ACT Government's new commitment to free abortions in the ACT.

3. REPRODUCTIVE CHOICE

3.1 Access and information

According to the United Nations' Convention on the Elimination of All Forms of Discrimination Against Women, reproductive choice is defined as "the right to choose whether or not to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy and the right to choose their preferred method of family planning and contraception." [5]

Young people have told the Council they do not always feel strongly that they have the right to choose their preferred method of contraception, saying they often feel pressured or locked into using whatever their GP or medical professional is most comfortable prescribing (usually the pill). Young people shared that while information is available, they feel that GPs, school education and counsellors often focus on condoms and the pill as the only two realistic and available options. Young people also expressed feeling ashamed or embarrassed when asking about different contraceptive options and their availability because there is still a culture of 'abstinence is best' among parents, teachers and medical professionals.

Further, they shared that most of their awareness and knowledge about other options is derived from peers and social media and that it is often hard to tell what is credible information and what options are suitable for them personally. Young people spoke of a desire for more information to be freely available and clearly articulated so that they can be supported and encouraged to have a voice in discussions with their GPs about what is best for them.

3.2 Affordability

- The pill: Young people said they have paid from between \$30 every three months and \$30 each month for contraceptives such as the pill. When not supported by a parent, without access to Medicare or facing other financial barriers, this can be untenable for many young people.
- The IUD and implanon: While the cost of each of these products is relatively affordable for young people due to their long duration, the cost of insertion can be unmanageable, especially where young people require, or would prefer to be under general anaesthetic during the procedure. In addition, clinics willing to offer insertion under anaesthesia are difficult to identify and often difficult to travel to, as well as requiring someone to pick the person up after the procedure (Refer to the barriers in section 2.2).

3.3 Recommendations

1. Revised sexual health educational resources that more transparently outline the merits and drawbacks/suitability of each form of contraception in the ACT and that is focused on empowering young people to be informed decision makers in their own reproductive health.

2. Increased awareness among GPs of the cost of a range of contraceptive pills to promote the inclusion of affordability in their assessment of which product may be most suitable.
3. The consideration of a scheme which allows young people in the ACT to access long-term contraceptive insertion at a reduced cost. Council notes that long-term contraceptives will be available under the new commitment to free abortions and would strongly recommend considering whether these can be expanded to young people who would be otherwise unable to obtain one.

4. REFERENCES

[1]

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