



# Submission cover sheet

## Inquiry into endometriosis and other pelvic pain conditions

Submission number: 049

Submitter: Sexual Health Advocates for Reproductive Equity (SHARE)

Date authorised for publication: 12 May 2026



# SHARE Response to Endometriosis and other Pelvic Pain Conditions Inquiry

April 2026

## About SHARE

Sexual Health Advocates for Reproductive Equity (SHARE) are a group of young people from around Australia campaigning for free contraception access. We advocate for equitable sexual and reproductive health outcomes for all.

Some of SHARE's previous work has included carrying out a national survey with 273 respondents to understand Australian's, and particularly young Australians' access, to contraceptives. Our survey found that 2 in 5 respondents reported that the cost of contraception limited their choices.<sup>1</sup> The most common primary stated reason for contraceptive use was for management of fertility (63% of participants) followed by for management of endometriosis (21% of participants).<sup>2</sup>

SHARE has also published an Open Letter for Universal Access to Contraception<sup>3</sup> that was signed by: Women's Health Matters, Plan International, MSI, YWCA Australia, SHFPACT, QENDO, Sexual Health Victoria, Working with Women Alliance and many other aligned organisations.

---

<sup>1</sup> Sexual Health Advocates for Reproductive Equity, *The Cost of Contraceptives Report*, <https://drive.google.com/file/d/1nPHgxd4AePIdV6uQLj91C7TtK4H9vNfK/view>

<sup>2</sup> Ibid.

<sup>3</sup> Open Letter for Universal Access to Contraception [https://drive.google.com/file/d/1fKQQORc2k\\_RzSsq7eNVi2XjJrXLau8CY/view](https://drive.google.com/file/d/1fKQQORc2k_RzSsq7eNVi2XjJrXLau8CY/view)



# Summary of Recommendations

1. **Ensure universal, free access to contraception:** Choice and universal access to contraception means better health, social, educational, and financial outcomes for all Australians.
2. **Improve access to comprehensive sexual and reproductive health education**

## Introduction

This submission to the Legislative Assembly for the Australian Capital Territory's Standing Committee on Social Policy is made by the Sexual Health Advocates for Reproductive Equity (SHARE) to the Endometriosis and other Pelvic Pain Conditions inquiry.

The Royal Australian and New Zealand College of Obstetricians and Gynecologists' (RANZCOG) national guideline for the management of suspected endometriosis or adenomyosis was published in May 2025. Amongst an interdisciplinary approach to management, it recommends "first-line hormonal treatments, including combined oral contraceptives and progestogens (oral, injection, implant or IUD)".<sup>4</sup> However, contraceptive access in Australia is inequitable due to structural and systemic socio-economic barriers.

In providing this response, SHARE wishes to ensure that the barriers to contraceptive access are considered in relation to individual's ability to manage conditions such as endometriosis and pelvic pain. We further wish to highlight issues of medical misogyny, gender biases, and the economic and social impacts on people in the ACT with these conditions.

---

<sup>4</sup> The Royal Australian and New Zealand College of Obstetricians and Gynecologists, *Evidence Guideline: Endometriosis* (2025), 3 <https://ranzocg.edu.au/wp-content/uploads/Endometriosis-Clinical-Practice-Guideline.pdf>



## Recommendations

**1. Ensure universal, free access to contraceptives:** Choice and universal access to contraception translates to better health, social, educational, and financial outcomes for all. It empowers individuals to plan pregnancies, manage pelvic pain, perimenopause, endometriosis, polycystic ovary syndrome and adenomyosis and other conditions.

Australia prides itself on having a world-class health system; however, systemic inequities exist that constrain people's choices and prevent people from receiving the reproductive health care they need. Barriers to accessing reproductive healthcare have the greatest impact on women and gender-diverse people, young people, people with disabilities, Aboriginal and Torres Strait Islander peoples, people who have migrated to and people who have sought refuge in Australia.

Whilst there are a number of areas that influence the accessibility of reproductive healthcare and contraceptive choice, cost remains the most significant.<sup>5</sup> Therefore, universal access to contraception is fundamental to achieving gender equality and health outcomes.

SHARE's national survey found that 2 in 5 respondents reported that the cost of contraception limited their choices.<sup>6</sup> As a result, nearly 2 in 5 shared that they had had to pause or switch to cheaper contraceptives, and over 1 in 3 could not afford their preferred contraceptive method.<sup>7</sup>

These barriers are particularly problematic when considered in relation to the management of endometriosis and pelvic pain. Endometriosis has been demonstrated to cause high economic costs for those with the disease. It has been estimated that "the lifetime burden of disease is estimated to be approximately \$129,993" per person, not accounting for comorbidities.<sup>8</sup>

---

<sup>5</sup> Sexual Health Advocates for Reproductive Equity, *The Cost of Contraceptives Report*.

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> Ernst & Young, The cost of endometriosis in Australia: A Report for EndoActive (2019) 17, <https://endoactive.org.au/wp-content/uploads/29May2019-FINAL-The-Cost-of-Endometriosis-in-Australia-EY-EndoActive-Report.pdf> 17



The costs of contraceptives should be seen as one part of this. The Royal Australian and New Zealand College of Obstetricians and Gynecologist's (RANZCOG) national guideline for the management of suspected endometriosis or adenomyosis was published in May 2025. Amongst an interdisciplinary approach to management, it recommends “first-line hormonal treatments, including combined oral contraceptives and progestogens (oral, injection, implant or IUD)”.<sup>9</sup>

Amongst SHARE’s national survey participants, the most common primary stated reason for contraceptive use was for management of fertility (63% of participants). This was followed by management of endometriosis (21% of participants).<sup>10</sup>

Participants of SHARE’s national survey who were taking contraception were found to be 2.9 times greater odds of reporting at least one of the financial indicators included in table 2 below. However, individual indicators were not significantly associated with taking contraception except for delaying non-essential purchases (see Table 1).

Table 1: Contraception use association with financial indicators

	Odds Ratio	95% CI	P
Delay Purchase	3.77	2.11-6.73	<.001
Delay Utilities	1.35	0.49-3.73	0.564
Delay Mortgage	1.10	0.43-2.86	0.838
Delay Car Expenses	0.93	0.41-2.09	0.857
Delay Credit Card	1.15	0.31-4.27	0.830
Pawned Goods	1.87	0.69-5.05	0.213
Delayed Meals	1.10	0.525-2.29	0.805
Unable to Heat/ Cool	2.10	0.461-9.56	0.327

<sup>9</sup> The Royal Australian and New Zealand College of Obstetricians and Gynecologists, *Australian Living Evidence Guideline: Endometriosis*, 3.

<sup>10</sup> Sexual Health Advocates for Reproductive Equity, *The Cost of Contraceptives Report*.



Relied on Friends/ Family	3.54	0.81-15.5	0.075
Relied on Welfare	1.49	0.54-4.1	0.435
Significance: $p < .05$ All presented levels were compared against use of contraception (yes or no)			

The cost-of-living crisis has exacerbated this issue, with many people having to choose between contraception and other essentials such as food, housing, and healthcare.<sup>11</sup>

The ACT Legislative Assembly's Standing Committee on Health and Wellbeing Inquiry has previously inquired into Abortion and Reproductive Choice in the ACT.

Recommendation 16 of this Report stated:

“That the ACT Government invest in reducing unintended pregnancy by subsidising access to long acting reversible contraception, alongside a trial of subsidised vasectomies in collaboration with local health providers”.<sup>12</sup>

The Government response to this report and recommendation was to consider this in the context of work at the Commonwealth level.<sup>13</sup> Since this, the Commonwealth Government has outlined in a response to a similar Senate Inquiry recommendation stating that increased affordability of contraceptives would only be offered through the PBS.

As such there, is a clear pathway for the ACT to continue its expansion of free contraceptive access.

<sup>11</sup> Inthavong Angelina, *The ultimate choice - rent, groceries, or contraceptives?* Australian Women's Health Alliance, <https://australianwomenshealth.org/2024/10/22/the-ultimate-choice-rent-groceries-or-contraceptives/>

<sup>12</sup> ACT Health, *Government Response to Report 10 - Inquiry into Abortion and Reproductive Choice in the ACT* (2023), 27,

[https://www.parliament.act.gov.au/\\_\\_data/assets/pdf\\_file/0010/2261197/Government-response-to-HCW-Report-10-Inquiry-into-Abortion-and-Reproductive-Choices-in-the-ACT.pdf](https://www.parliament.act.gov.au/__data/assets/pdf_file/0010/2261197/Government-response-to-HCW-Report-10-Inquiry-into-Abortion-and-Reproductive-Choices-in-the-ACT.pdf)

<sup>13</sup> Ibid.



The ACT has already demonstrated itself as a forerunner in ensuring accessible and free reproductive health with the provision of no cost abortions for all. Further, those utilising these services, if wanted, are also able to access LARCs free of cost. The further expansion of free access to contraceptives is a natural expansion of the ACT's nation leading role in ensuring equitable health access for all.

## 2. Improved access to comprehensive sexual and reproductive health education:

Despite an estimated 1 in 7 girls and women and those assigned female at birth having endometriosis, it can take someone years to receive a diagnosis.<sup>14</sup> This is in part due to the need for greater improvements in the training and upskilling of our healthcare workforce. However, greater public understanding and health literacy should also be considered as part of this to ensure people particularly from priority populations are aware of their choices reducing unmet need. This would meet the ACT and national strategies to reduce increasing rates of chlamydia, gonorrhoea, and syphilis.<sup>15,16,17</sup> For instance, where free contraception is offered, education can ensure individuals who would be interested can navigate the health system to access it and are confident in using it correctly. SHARE recommends greater investment in:

- A. Accessible, comprehensive and culturally inclusive sexual and reproductive health education in schools and relevant university degrees that is comprehensive and inclusive.
- B. Develop public health education campaigns in multiple languages and in partnership with the relevant community to increase sexual and reproductive health literacy.

---

<sup>14</sup> De Corte, P., Moritz Klinghardt, von Stockum, S., & Heinemann, K. (2024). Time to Diagnose Endometriosis: Current Status, Challenges and Regional Characteristics—A Systematic Literature Review. *BJOG an International Journal of Obstetrics & Gynaecology*, 132(2). <https://doi.org/10.1111/1471-0528.17973>

<sup>15</sup> UNSW Kirby Institute. (2023). *Sexually transmissible infections are on the rise in Australia, with syphilis rates tripling over the decade*. <https://www.kirby.unsw.edu.au/news/sexually-transmissible-infections-are-rise-australia-syphilis-rates-tripling-over-decade>

<sup>16</sup> ACT Government. *Public Health Clinical alert 26 September 2025: Syphilis – information for clinicians*. [https://www.act.gov.au/\\_\\_data/assets/pdf\\_file/0003/2924724/Syphilis-Information-for-clinicians.pdf](https://www.act.gov.au/__data/assets/pdf_file/0003/2924724/Syphilis-Information-for-clinicians.pdf)

<sup>17</sup> Fifth National Sexually Transmissible Infections Strategy, [https://www.cdc.gov.au/system/files/2025-10/fifth-national-sexually-transmissible-infections-strategy-2024-2030\\_0.pdf](https://www.cdc.gov.au/system/files/2025-10/fifth-national-sexually-transmissible-infections-strategy-2024-2030_0.pdf)