



Submission of Family Planning NSW

**Consultation on the draft national report for
Australia's third Universal Periodic Review**

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Attorney-General's Department, The Australian Government
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About Family Planning NSW

Family Planning NSW is the leading provider of reproductive and sexual health services in NSW and Australia. Our mission is to enhance the reproductive and sexual health and rights of our communities by supporting all people to have control over and decide freely on all matters related to their reproductive and sexual health. 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.

Consultation on the draft national report for Australia's third Universal Periodic Review

We recognise the importance of Australia's engagement with the United Nations Human Rights Council (HRC) peer-review process via the Universal Periodic Review (UPR) every five years and commend Australia for its steadfast commitment to this important process. Family Planning NSW welcomes the opportunity to make a submission to the consultation on the draft national report to the HRC for Australia's third Universal Periodic Review, which will take place in 2021.

This submission focusses on improving access to reproductive and sexual health services, responding to the needs of marginalised groups, delivering comprehensive sexuality education, ensuring gender equality, and promoting the rights of women and girls.

We note that the Australian Government report responds to recommendations received during its second-cycle UPR in 2015. We have summarised the 2015 UPR recommendations, relevant to reproductive and sexual health, in Appendix A.

Summary of recommendations

We recommend that the Australian government work with the states and civil society to:

1. improve access to reproductive and sexual health services
 - Develop and deliver a national reproductive and sexual health strategy to ensure that women have access to the full suite of health services, including access to contraception and abortion, regardless of cultural, financial or geographical status.
2. improve reproductive and sexual health services for marginalised groups
 - Provide accessible, affordable, non-judgmental, confidential services for people from vulnerable groups to ensure services are welcoming and inclusive, respectful and inclusive of Aboriginal and Torres Strait Islander people, people with disability, young people, culturally and other diverse groups and actively seek the views of service users in designing appropriate services.
3. enhance comprehensive sexuality education
 - Support the delivery of age-appropriate comprehensive sexuality education that is well-resourced and consistently delivered across Australia to people of all ages and all population groups including those who are marginalised and vulnerable.
4. promote gender equality, and the rights of women and girls
 - create mechanisms to include the views of women and girls into the development and implementation of all legislative and public policy discussions and decisions, including meaningful engagement with feminist civil society organisations.

Priorities for improving reproductive and sexual health

Family Planning NSW works closely with governments and civil society organisations to advance reproductive and sexual health and rights of all people with a focus on women and girls.

1. Improve access to reproductive and sexual health services

We strongly affirm the need for ongoing support to ensure that the reproductive and sexual health and rights of all people, particularly women and girls, are met. The draft national report for Australia's third Universal Periodic Review includes a section on access to healthcare. The report needs to specifically mention access to reproductive and sexual healthcare, particularly access to contraception and treatment and safe abortion.

Increase access to long-acting reversible contraceptives

In Australia, there is a 10.9% unmet need for family planning - when a woman wants to stop or delay childbearing but is not using contraception.(1) One in four Australian women have experienced an unintended pregnancy in the past decade - about half of these pregnancies occurred for women not using contraception, and about one third ended in abortion.(2) These rates have significant implications for women, their families and communities as well as for policymakers. Reducing fertility rates can improve infant survival, children's health, education and wellbeing, women's economic productivity and household income. (3)

One strategy for reducing the rate of unintended pregnancies is to increase the uptake of long-acting reversible contraceptives (LARC), including contraceptive implants and intrauterine devices (IUD). These contraceptive methods are more than 99% effective, compared with the oral contraceptive pill (93% effective with typical use) and the male condom (88% effective with typical use). However, despite this evidence, use of LARC is low in Australia.

Increasing LARC uptake would support women and girls to decide whether or when to have children and enable them to engage in work and education by reducing the number of unintended pregnancies. Adolescents are less likely to be offered and to use LARCs compared to women in other age groups,(3) and many young women in Australia are more likely to use methods such as the oral contraceptive pill and male condom.(4)

Improve access to abortion care

Many Australian women face significant challenges accessing affordable abortion care, particularly in rural areas. In 2015 a survey conducted Australian women aged 18 to 45 found one in four had experienced an unintended pregnancy in the past ten years.(2) The patchwork of abortion services across Australia means women face different health service options when confronted with an unintended pregnancy, depending on which state they live in, whether or not they live in a metropolitan centre and their financial resources. Improving access to abortion care improves health outcomes, supports women and girls to decide whether or when to have children, and enables them to engage in work and education.

Currently, the largest gaps in access are low- or no-cost services for financially disadvantaged women and there is poor availability of abortion services in rural and remote areas. Having an abortion can incur large out-of-pocket costs, and even though medications for a medical abortion are listed on the PBS (MS2-Step) and surgical abortion is a rebatable procedure under Medicare, out-of-pocket gap fees are frequently significant and are out of financial reach for some women. In 2015, an Australian study two-thirds of women needed financial assistance from others to have an abortion.(5) In addition, indirect costs such as travel and accommodation need to be factored into the costs of abortion, and the need to make it more equitably accessible.(5)

Abortion should always be safe, lawful, accessible and affordable. Improvements in service provision need to be made to ensure that women are not disadvantaged by high fees or their geographical location when accessing abortion care.

Recommendations

We recommend that the Australian government work with the states to:

- develop and deliver a national reproductive and sexual health strategy to ensure that women have access to the full suite of health services, including access to contraception and abortion, regardless of cultural, financial or geographical status

2. Improve reproductive and sexual health services for marginalised groups

The draft national report for Australia's third Universal Periodic Review includes a section on access to healthcare for marginalised groups – the report should specifically consider the vital role of reproductive and sexual healthcare for marginalised groups, and the particular barriers they face in accessing services. *Universal health coverage* explicitly includes access to affordable quality reproductive and sexual health services.

The limited availability of reproductive and sexual health services has implications for access to contraception, cervical screening and STI testing. People who are socially or culturally vulnerable may face additional challenges in navigating healthcare, contributing to health inequity. Belonging to multiple vulnerable groups (intersectionality) can make health system navigation even more complex. Vulnerable groups include Aboriginal and Torres Strait Islander people, people who are culturally and linguistically diverse and, people with disability, young people and people who are gender and/or sexuality diverse. Reproductive and sexual health should be offered to all groups in society in a location and manner that ensures accessibility and sensitivity.

Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people should have access to a high standard of reproductive and sexual health services which are culturally safe, recognising their culturally significant needs. Health services should be welcoming, safe and inclusive for Aboriginal and Torres Strait Islander clients, visitors and staff. There is a need for greater investment in developing evidence-based programs and services that meet the health needs of Aboriginal and Torres Strait Islander communities.

People from culturally and linguistically diverse backgrounds

Australia is a demographically and culturally diverse society. Nearly half (49%) of Australians are migrants or the children of migrants and more than one-fifth (21%) of Australians speak a language other than English at home.⁽⁶⁾ Maximising reproductive and sexual health outcomes for all groups in a multicultural community requires a combination of mainstream services that are responsive to cultural diversity, and specially designated services that meet the needs of particular groups, including the promotion of health literacy for vulnerable migrants (people who have recently arrived from a non-English speaking country).⁽⁷⁾

People with disability

People with disability often face discrimination. Service providers may assume that a person with disability is non-sexual, or not capable of having a relationship or parenting.⁽³⁾ Discrimination and gatekeeping compounds challenges for people with disability seeking to access reproductive and sexual health services, placing people with disability at risk of worse health outcomes compared to the general population. People with disability have the right to make decisions about whether and when to have sex, or to start a family and should be consulted to ensure equitable access to reproductive and sexual health services. Via consultations with people with disability, programs can be adapted to meet their needs.⁽⁸⁾

Young people

Young people are a high-risk group in regards to sexual ill-health, with epidemiological data showing a higher prevalence of STIs, lower rates of contraception use that can result in unplanned pregnancy, and barriers to accessing health services. All young people have a right to access reproductive and sexual health services and programs that are affordable, respectful and maintain appropriate client confidentiality. Young people, especially those who belong to vulnerable groups, may need additional support to access healthcare.(9)

People who are gender and/or sexuality diverse

People who are gender and/or sexuality diverse can experience homophobia and transphobia. Both present significant barriers to accessing health services. Sexuality and gender diverse young people have higher rates of mental health concerns and are more likely to attempt suicide in their lifetime.(10) Research shows that over one-third of lesbian, bisexual or queer women were overdue for cervical screening(11) and that transgender men are significantly less likely to access cervical cancer screening compared to the general population.(12)

Recommendation

We recommend that the Australian government work with the states to:

- provide accessible, affordable, non-judgmental, confidential services for people from vulnerable groups to ensure services are welcoming and inclusive, respectful and inclusive of Aboriginal and Torres Strait Islander people, culturally and other diverse groups and actively seek the views of service users in designing appropriate services

3. Enhance comprehensive sexuality education

The draft national report for Australia's third Universal Periodic Review includes a section on access to education. The report should specifically address access to comprehensive sexuality education for all people across the lifespan.

Comprehensive sexuality education across the lifespan

Comprehensive sexuality education is essential to all people across the lifespan. Comprehensive sexuality education includes the provision of developmentally and culturally relevant, evidence-based information on a range of topics including sexual rights, respectful relationships, fertility, pregnancy and pregnancy options, and gender and sexual diversity.(13, 14)

Evidence shows that comprehensive sexuality education improves health outcomes and reduces gender-based violence and has a positive impact on increasing safer sexual behaviours at all ages.(13, 15) Furthermore, education that explicitly addresses gender or power relations has a demonstrated positive impact on effectively reducing unintended pregnancy and STIs.(15)

Comprehensive sexuality education is particularly significant for vulnerable and marginalised people, including people with disability. Although the reproductive and sexual health needs of people with disability are similar to the general population, this community faces the additional challenge of being more vulnerable to violence, sexual assault and coercion.(3)

Implementation of comprehensive sexuality education should be aligned with evidence-based technical guidance published by UNESCO(14) and should ensure that individuals delivering this content are well-trained and supported.(16)

School-based comprehensive sexuality education

The provision of school-based comprehensive sexuality education is inconsistent in Australia.

Comprehensive sexuality education is a crucial early intervention strategy for ensuring that reproductive and sexual health and rights are recognised and advanced. The 2018 *Sexual Health Education in New South*

Wales Schools Student Needs Assessment found that only around half of the students surveyed were satisfied overall with the sexual health education they received.(17) When asked how satisfied they were with the sexual health education provided in school, just over half responded positively, with 11.7% very satisfied, 41% satisfied, 31.2% not very satisfied, and 16.2% not at all satisfied. One Year 10 student said that her school “gave as little information as possible”. A Year 9 student said that “the atmosphere was still a bit awkward and conservative” and that her class “brushed over some subjects, or did not teach them at all, such as gender and sexual identity, which are very much needed in schools today”.(17)

Other research from NSW has explored the views of teachers about CSE delivery. In 2015, a study assessed the needs of 339 NSW teachers and principals. Almost half of teachers (39%) and principals (43%) reported it is helpful when sexual health curriculum is a priority, however, limited time and resources are the primary constraining factors.(18) Having executive staff that are supportive, committed and engaged in sexual health education was valued by teachers, especially in responding to parental concerns. Further, 54% of teachers indicated they need more assistance in addressing the issues of pornography and media representations of sex and sexuality.

Age-appropriate comprehensive sexuality education, commencing in early childhood, offers numerous benefits, including promoting gender equality, helping children to identify and report inappropriate behaviour such as child sexual abuse, and helping children develop healthy attitudes about their bodies and relationships. Implementation of age-appropriate comprehensive sexuality education would promote gender equality and better health outcomes, including lower rates of unintended pregnancy and sexually transmitted infections.

Recommendation

We recommend that the Australian Government:

- support the delivery of age-appropriate comprehensive sexuality education that is well-resourced and consistently delivered across Australia to people of all ages and all population groups including those who are marginalised and vulnerable

4. Promote gender equality, and the rights of women and girls

The draft national report for Australia’s third Universal Periodic Review includes a section on improving gender equality and the rights of women and girls. The report needs to make stronger links with reproductive and sexual health and gender equality.

Promote gender equality and end violence against women

Gender equality and the empowerment of women is central to human rights. There have been many studies which also demonstrate the causal link between reproductive and sexual health and gender equality.(19) This is because reproductive and sexual health supports gender equality by empowering women to make decisions about work, education, relationships, and whether or when to have children. Having been 25 years since the Beijing Declaration and Platform for Action, 2020 is a milestone year for gender equality which reinforced the link between reproductive and sexual health and gender equality, noting that “the lack of sexual and reproductive health education has a profound impact on women”.(20)

In some areas, such as access to abortion, we have seen forward movement in Australia with all but one state having decriminalised abortion. However, Australia continues to underperform in other areas, including on comprehensive sexuality education which is a critical enabler to promote respectful relationships and provide girls with the information and confidence to take control over if and when to have sex. This, in turn, has an impact on a women’s right to choose if and when to have children, which is a fundamental prerequisite for gender equality.

The social and economic costs and the negative impact of violence against women are high. Given that most women will access reproductive and sexual healthcare services during their life, these services in

particular offer opportunities for identification and provision of a supportive response for women who have experienced violence.(21)

The autonomy and empowerment of women are essential not only for their own health and wellbeing but also for those of their families and communities. Reproductive and sexual health is, in turn, fundamental for women's full participation in society.(20)

Recommendation

We recommend that the Australian Government:

- create mechanisms to include the views of women and girls into the development and implementation of all legislative and public policy discussions and decisions, including meaningful engagement with feminist civil society organisations

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Appendix A - Recommendations to the Australian Government following the second UPR in 2015 relevant to reproductive and sexual health

- 3 Strengthen efforts to combat family violence against women and children, especially within indigenous communities
- 95 Implement the recommendations of the International Conference on Population and Development (ICPD) Programme of Action, to Close the gap between Indigenous and non-Indigenous Australians in health, education, housing and employment
- 97 Continue making progress in the implementation of the Indigenous Advancement Strategy to promote better opportunities in the areas of education, health and employment for indigenous communities
- 98 Continue its efforts into close the gap between Indigenous and non-Indigenous Australians in health, education, employment opportunities and access to justice
- 107 Take immediate measures to ensure that the indigenous people of Australia have access to health services, education, and to full employment opportunities
- 108 Continue strengthening measures to address disparities in the access to education and health services for aboriginal and islander children and their families
- 111 Ensure access to good-quality education, including postgraduate education and vocational training, for indigenous women
- 112 Intensify efforts in enhancing the rights of Indigenous Australians: by addressing the underlying causes of their plight, by providing opportunities in health, education, housing and employment; and addressing the high rate of their incarceration in prison
- 127 Continue to address inequalities affecting human rights in the areas of health, education, employment and income that disproportionately affect indigenous peoples and other minority groups
- 141 Continue to build on progress made in gender equality
- 142 Develop and implement policies to ensure gender equality throughout society and strengthen the promotion and protection of the rights of women, especially women from indigenous communities
- 153 Strengthen efforts to combat family violence against women and children, especially within indigenous communities
- 154 Make provision in its national legislation for the crime of domestic violence and take all adequate measures to eliminate it
- 155 Penalise the ill-treatment of children, and adopt measures to investigate and punish the situations of vulnerability with regard to women and girls with disabilities
- 156 Redouble its efforts to reduce violence against women and domestic violence
- 157 Step up efforts to combat domestic violence
- 158 Continue strengthening the measures taken to reduce violence against women and their children
- 159 Further effectively fulfil the National plan to Reduce Violence against Women and their Children 2010-2022 by means of sustained funding, independent monitoring and evaluation
- 160 Ensure the effective implementation of the National Plan to Reduce Violence against Women and their Children, in particular to protect Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, and women with disabilities
- 161 Continue with implementation of the National Plan to Reduce Violence Against Women and their Children with a particular focus on support services and resources available to women living in more remote areas, and women from culturally and linguistically diverse backgrounds
- 162 Effectively implement the National Plan to Reduce Violence Against Women and Their Children and strengthen its actions to reduce violence and sexual abuse of women with disabilities and indigenous women
- 163 Ensure that incidents of violence against women and children are thoroughly investigated and perpetrators of violence are brought to justice
- 164 Make utmost efforts to protect women with disabilities and indigenous women from all forms of (a) violence and (b) discrimination
- 167 Take immediate measures to ensure that all children have access to all levels of education and quality health services
- 203 Continue efforts to train authorities involved in the administration and handling of justice in cases that affect indigenous peoples on the human rights of this group of society and review the cases of indigenous detainees, in particular children and women, with a view to providing them adequate assistance
- 210 Take measures to ensure the universal access to healthcare services, paying particular attention to the needs of persons living in rural and remote areas
- 235 Ensure that all migrant children, irrespective of their migration status, have access to education and healthcare services in the exact same terms as Australian children do