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Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee
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Submission to the Inquiry on the Termination of Pregnancy Bill 2018

Introduction

The Young Women's Advisory Group (YWAG) of the Equality Rights Alliance is a group of 10 women under the age of 31. We have representatives from across the country, including Queensland, bringing young women's voices and perspectives to state and national policy spaces.

This submission represents the views of YWAG, but has not been put to the full membership of the Equality Rights Alliance for endorsement.

In 2015, YWAG surveyed over 1000 young women aged 16-21 nationally about their experiences of sexuality and relationships education at school (13.7% of respondents were from Queensland), including their knowledge of contraception and sexual health topics. We have attached our *Let's Talk: Young Women's Views on Sex Education* report which details our findings. In late 2016 YWAG launched our report *A Whole Generation Out of Date* which captures the findings of three focus groups run as part of the Let's Talk: Young Women's Views on Sex Education project, including two in Brisbane.¹

YWAG believes that it is crucial for young women and people's voices to be included in the development of policy on sexual and reproductive health, to ensure that it empowers young people to look after their sexual health and wellbeing. A 2005 estimate found that young women and people with uteruses aged 20-29 were most likely to present for a termination², and while the teenage pregnancy rate has been declining over recent decades, it is still relatively high in comparison with other global North countries³. Moreover, the *Let's Talk* survey demonstrates how inadequate sexuality and relationships education creates additional barriers for young women and people to have access to and knowledge about contraception and healthy relationships. At present,

¹ See further: <http://reports.equalityrightsalliance.org.au/ywag/lets-talk/>

² Children by Choice (2017) 'Australian abortion statistics', web page. Queensland: Children by Choice. Available from: <https://www.childrenbychoice.org.au/factsandfigures/australian-abortion-statistics>

³ 'Teenage fertility' *Australian Demographic Statistics 2000*, Australian Bureau of Statistics. Available online at <http://www.abs.gov.au/ausstats/abs@.nsf/featurearticlesbytitle/DBF3DB6CCF56413ECA2569DE002139C3?OpenDocument>.

sexuality and relationships education is not compulsory in the Queensland curriculum. Termination in Queensland is therefore an issue relevant to the lives of young women and people, making it particularly important that young women's perspectives on the bill are represented.

This submission focuses on the proposed Termination of Pregnancy Bill 2018, and the implications for young women's rights and ability to access sexual and reproductive health care. It responds to the specific questions raised by the Inquiry.

1. Do you agree that terminations should be lawful on request up to 22 weeks?

Yes, we agree that terminations should be lawful on request up to 22 weeks.

Indeed, the majority of Queenslanders support the decriminalisation of termination, with a 2009 Auspoll survey finding that 79% of respondents in support of changing the law so that abortion is not a crime⁴.

We are in support of a staged approach to accessing termination. An anomaly scan at 18-21 weeks can pick up important and devastating diagnoses in a pregnancy, and women and pregnant people should have the opportunity of several weeks to decide on whether to have a termination without needing to obtain two medical opinions. More than 90% of terminations occur before 14 weeks gestation⁵, and those obtained after this point are usually indicative of a complex and potentially distressing pregnancy.

Recommendations:

- **Terminations should be decriminalised. Termination should be lawful on request up to 22 weeks**
- **22 weeks is an appropriate limit for a staged approach to accessing termination. We do not support a limit that is less than 22 weeks because it would not allow for women and pregnant people to respond to 18-21 weeks scans for anomalies and may unnecessarily cause additional distress.**

2. Do you agree that terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners?

Yes, we agree that terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners.

Terminations after 22 weeks are very rare, and are usually for complex and distressing cases⁶.

We support Clause 6(1) and 6(2) of the Bill.

We support the first practitioner needing to consult with a colleague, it is unnecessary for a pregnant person to be required to be examined by and consult with a second medical practitioner, and may cause undue distress due to the nature of later-term terminations. Moreover, it is discriminatory toward pregnant people in rural, regional and remote areas, for whom it may be

⁴ *Queensland voters' attitudes towards abortion* Report prepared by Auspoll, May 2009. Polling commissioned by Children by Choice.

⁵ J Straton, K Godman, V Gee, & Q Hu (2006) *Induced abortion in Western Australia 1999-2005*. Report of the WA Abortion Notification System. Department of Health. Perth, Western Australia. Available from: [https://www.health.wa.gov.au/publications/documents/AbortionReport1999-2005FINAL\(4\).pdf](https://www.health.wa.gov.au/publications/documents/AbortionReport1999-2005FINAL(4).pdf)

⁶ W Scheil, J Scott, B Catchside, L Sage, R Kennare. *Pregnancy Outcome in South Australia 2013*. Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia, 2015. Available from: <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/health+statistics/pregnancy+outcome+statistics>.

difficult or costly to obtain a second examination, particularly given the time-sensitive nature of the matter, and thereby creating an additional barrier to their right to access to healthcare.

Recommendations

- **Terminations should be lawful beyond 22 weeks with the agreement of two medical practitioners.**
- **We support Clause 6(1) that a pregnant person should only need to be examined and consult with one medical practitioner to be granted a termination after 22 weeks. While we support the need for a medical practitioner to consult a colleague, it is unnecessary, and may cause undue distress to and barriers for a pregnant person, if they were required to be examined by and consult with a second medical practitioner.**

3. Do you agree that terminations after 22 weeks should be allowed in an emergency?

Yes, we are in support of Clause 6(3) of the Bill.

Recommendations:

- **Clause 6(3) be accepted as is.**

4. Do you agree with a medical practitioner being able to conscientiously object to the performance of a termination, except in emergencies?

We are in support of Clause 8 of the Bill. The clause is consistent with other conscientious objection clauses and the requirement to refer on to other medical practitioners that can help a patient, and without a conscientious objection, in medical bodies' Code of Conduct, including the Australian Medical Association, the Pharmacy Board of Australia, and the Australian Nursing and Midwifery Foundation.

We believe Clause 8 adequately balances the rights of a pregnant person to access health care, with the rights of medical and health practitioners to conscientiously object.

In the case of an emergency, a medical or health professional must assist in a termination procedure regardless of their personal views.

Recommendations:

- **Clause 8 be accepted as is.**

5. Do you agree with the establishment of safe access zones within 150m of termination service premises and associated penalties for prohibited conduct or restricted recording?

Yes, we are in support of the establishment of safe access zone within 150m of termination service premises and associated penalties for prohibited conduct or restricted recording.

Safe access zones are crucial to maintain the physical and psychological safety, and privacy of Queensland women and pregnant people seeking access to termination, and so their rights to health care, equality and non-discrimination.

We support Clauses 11 to 14 of the Bill.

However, we are concerned that Clause 15 of the Bill puts the burden of proof on police and prosecutors to confirm that protestors, people engaged in harassment or anti-choice groups' behaviour could reasonably deter patients from entering.

As such, we suggest an additional clause that prohibits conduct in Safe Access Zones that is clearly unacceptable (rather than requiring it be subject to prosecution proving that this conduct is reasonably likely to deter a patient entering). Prohibited conduct should include harassment, intimidation, besetting, threatening, hindering, obstructing or impeding by any means a person from accessing or leaving, or attempting to access or leave a clinic or service (including obstructing or blocking a footpath or a road in a Safe Access Zone without reasonable cause).

Such a clause would be consistent with the approach toward Safe Access Zones in the legislation of New South Wales and Victoria⁷.

Recommendations:

- **Safe Access Zones be established with 150m of termination premises with associated penalties for prohibited conduct.**
- **Inclusion of an additional clause that prohibits conduct in Safe Access Zones that is clearly unacceptable, rather than putting the burden of proof on prosecution to confirm that conduct could reasonably deter patients from entering.**
- **Queensland legislation of Safe Access Zones be consistent with the approach taken in New South Wales and Victoria.**

6. Do you agree with proposed offences for unqualified persons who perform or assists with a termination?

We support Clause 25 of the Bill.

Recommendations:

- **Clause 25 is accepted as is.**

⁷ For summary of legislation, see Children by Choice (2017) 'Australian abortion law and practice', web page. Queensland: Children by Choice. Available from: <https://www.childrenbychoice.org.au/factsandfigures/australianabortionlawandpractice>

Other issues

It is estimated that a quarter to a third of women and people with uteruses will access a termination during their lifetime, whether it is criminalised in Queensland or not. Almost half of pregnancies are unplanned and almost half of these are terminated⁸.

Moreover, the relationship between unplanned pregnancy and gender-based violence is well-established. Women face an increased risk of intimate partner violence during pregnancy, while unplanned pregnancies are more likely for women in violent partner relationships, with access to contraception for such women and people often difficult. Queensland pregnancy counselling services report that as many as 30.5% people accessing their service report intimate partner violence, and that these women report high levels of distress⁹. Access to safe termination must therefore be viewed in the context of gender-based violence, Queensland's responsibility and plan to prevent and respond to gender-based violence, and women and pregnant people's rights to life lives that are safe and free from violence and coercion.

Furthermore, research demonstrates there is no link to infertility, breast cancer or long-term mental health impacts associated with accessing termination¹⁰. Nor is there likely to be an increase in terminations as a result of decriminalisation, according to Medicare data from states including Victoria and Tasmania where decriminalisation has occurred.¹¹

Providing safe, affordable and available access to abortion through decriminalisation will simply allow women and pregnant people to improve their health outcomes.

Sex education in Queensland

A 2005 estimate found the termination rate in Australia to be about 19.7 per 1000 women aged 15-44, with women aged 20-29 most likely to present for an abortion. This is still relatively high in comparison with similar countries. Estimates from Germany and the Netherlands from the same year found the abortion rate to be approximately half that of Australia, with both countries also having easily accessible contraception and termination services, as well as having implemented comprehensive sex education¹². A lack of adequate or accurate knowledge about contraceptive options and how to negotiate healthy and consensual relationships and sex, are barriers to women

⁸ Children by Choice (2017) 'Australian abortion statistics', web page. Queensland: Children by Choice.

Available from: <https://www.childrenbychoice.org.au/factsandfigures/australian-abortion-statistics>

⁹ see Children by Choice (2017) 'Violence and pregnancy', web page. Queensland: Children by Choice. Available from: <https://www.childrenbychoice.org.au/factsandfigures/violenceandpregnancy>. Similarly, a 2017 ReachTEL poll found that more than two thirds of Queenslanders feel that decriminalising abortion is "very important" or "somewhat important" in how they cast their vote, see Caldwell, F. and McCosker, R.

'Queenslanders split on backing anti-abortion' (news article, 20 November 2017). Queensland: Brisbane Times. Available from: <https://www.brisbanetimes.com.au/queensland-election-2017/queenslanders-split-on-voting-decriminalising-abortion-20171120-p4yx3q.html>

¹⁰ Children by Choice (2017) 'How safe is abortion?', web page. Queensland: Children by Choice. Available from: <https://www.childrenbychoice.org.au/factsandfigures/safetyofabortion>

¹¹ Australian Department of Human Services. Medicare items 35643 processed from July 2006 to June 2017', Medicare. July 25 2018. Online at:

<http://medicarestatistics.humanservices.gov.au/statistics/do.jsp? PROGRAM=%2Fstatistics%2Fmbs>

¹² A Chan, L Sage 'Estimating Australia's abortion rates 1985-2003' *Medical Journal of Australia* 2005; 182 (9): 447-452. Available online at <https://www.mja.com.au/journal/2005/182/9/estimating-australia-s-abortion-rates-1985-2003>.

and people with uterus' control over their effective contraceptive use, and therefore increasing their risk of experiencing unplanned pregnancy¹³.

YWAG's survey of over 1,000 young women aged 16-21 found that sex education is failing young women and girls across Australia, with 76% reporting that they had not learnt anything from their sex education classes in school that had helped them when dealing with sex and respectful relationships.

Sex education is not compulsory in Queensland schools, with the principal making the decision about whether a school provides sex education. The *Queensland Sexual Health Strategy 2016-2021* states that the Australian Curriculum: Health and Physical Education, including relationships and sexuality education, is "available for delivery by all Queensland schools", but does not require its implementation. This is despite the Strategy acknowledging: "School based education programs for children and young people are a critical starting point for promoting positive sexual health outcomes, minimising harm and reducing stigma and discrimination."¹⁴

YWAG asked survey respondents what their experience of sex education had been like. The following responses are from young women aged 16-21 who attended school in Queensland:

"Short and vague, more a biology lesson than telling us how to be careful and safe"

"I believe that sometimes sex ed was very brief and sometimes not informative enough for me to be 100% sure I knew what was happening with my body. I ended up purchasing a book and that is where I learnt the majority of my sexual education."

"It wasn't the most informative, I learnt more from my friends"

"Average, didn't really cover enough topics. It really should've covered and emphasised consent more, and what consent means and that consent should be taken seriously"

"I have never really had any proper or ongoing sex education, only like one or two sessions over 6 years"

"It was a complete joke to be honest. They basically told us not to have sex"

"It was clear that the purpose of the education was to create a feeling of fear around sex. It was overall extremely disappointing... I feel that teachers feel far too uncomfortable talking about sex, probably because they didn't receive sex education. Definitely more training needed."

"In primary school it was mainly about puberty. In secondary school it was abstinence only, with a particular emphasis on sti's and waiting for marriage. One of my least favourite moments was when an educator said that any woman who gave a blow job couldn't respect herself. I also remember being told that sex makes a woman fall in love, and that it makes a man say he's in love during the moment but that he won't really mean it."

"It fell short of what it should have been."

"Not very informative and never felt I could ask questions"

¹³ Children by Choice (2018) 'Unplanned pregnancy in Australia', web page. Queensland: Children by Choice. Available from: <https://www.childrenbychoice.org.au/factsandfigures/unplannedpregnancy>

¹⁴ Queensland Health, *Queensland Sexual Health Strategy 2016-21*, 24.

The data indicates that sexuality and relationships education in Queensland schools is often delivered in a piecemeal fashion. Students do not necessarily receive education in every year level, and when education is received, it may only be for one to two hour-long lessons from a third-party provider.

Sexuality and relationships education needs to be given greater priority, and more significantly incorporated into the Queensland curriculum for young people to have adequate knowledge of contraceptive choices, as well as the ability to negotiate healthy and consensual relationships and sex. Comprehensive sex education is therefore an important part of the context in which women and people with uteruses' experience unplanned pregnancy.

In light of a lack of comprehensive sexuality and relationships in Queensland school, and the subsequent increased likelihood of young people experiencing unplanned pregnancy, the decriminalisation of abortion is crucial to ensuring young people's rights to access health care, and that the burden of poor health promotion and education in Queensland, and barriers to accessing and negotiating appropriate contraception and contraceptive use, does not unfairly fall to young women and people with uteruses.

Conclusion

YWAG thanks the committee for the opportunity to provide a submission to its Inquiry on the Termination of Pregnancy Bill 2018.

We are content for this submission to be made public online.

We would also like to be considered to appear as a witness before the committee.

For further information or to discuss the content of this submission, please contact Hannah Gissane, Projects Coordinator for the Equality Rights Alliance, at [REDACTED]