

Women's health and wellbeing

PRIORITIES

1. Planning, expertise and accountability for women's health

Federal Government to establish an expert, representative National Women's Health Council, comprising women's health experts, community-based experts and service providers and state and territory women's health representatives, to advise on planning, priorities, funding and transparent reporting to implement the National Women's Health Strategy.

2. Respond to health impacts of family, domestic and sexual violence

Federal Government to ensure that the next National Plan for Reducing Family, Domestic and Sexual Violence Against Women funds services to support women and children suffering the health impacts (including trauma) of domestic violence and sexual assault.

3. Universal access to reproductive health care regardless of your income, resources and where you live

Federal Government to fund improved access to reproductive health care services for women across Australia including community based public health centres in remote and regional Australia and disadvantaged communities, free abortion care complemented by permanent provision of telehealth on Medicare for reproductive health consultations, prescriptions and referrals.

4. Reproductive health services designed, managed and delivered by Aboriginal and Torres Strait Islander communities

Federal Government to fund 'Country' specific reproductive health services designed, managed and delivered by and for Aboriginal and Torres Strait Islander communities.

5. Free contraceptives and contraceptive consultations and procedures, with some contraceptives available through pharmacists without prescriptions

Federal Government to fund and deliver a national program for free contraceptive advice, services, procedures and products including Long-Acting Reversible Contraception (LARC) and Emergency Contraception (EC).

6. Community information to promote consent based sexual and reproductive health and counter menstruation shame and disadvantage

Federal Government to fund a national information program in communities and workplaces to support positive, safe sexual and reproductive health that addresses consent and sex, gender and sexual diversity, and is culturally and linguistically appropriate. It needs to include culturally and linguistically tailored strands to address menstruation shame through increasing knowledge of and better community and workplace support for women during menstruation and menopause.



RATIONALE

The COVID pandemic has exacerbated domestic and family violence, employment and housing insecurity in combination with a dramatically increased burden of care. Women have suffered in ways that will have long term implications for their health and well-being. In particular the evidence on the links between domestic and family violence, sexual assault and poor health, including trauma is overwhelming (See for example the August 2020 submission from UNSW and Illawarra Women's Health to the Parliamentary Inquiry into Family Domestic and Sexual Violence).

Access to reproductive health services in Australia is still seriously hampered by the cost and limited geographical accessibility of privatised abortion care with terminations not easily available via public hospitals in most states. In addition access is restricted by limited training of GPs, with serious underutilization of health practitioners, especially nurses and pharmacists in menstruation and menopause management, contraceptive options and medical and emergency abortion. Profound disparities in women's reproductive health care persist for women in rural and socio-economically disadvantaged areas, younger women, women experiencing violence and those from diverse backgrounds.

The 2021-22 Federal Budget reinstated access until the end of 2021 to Medicare funded reproductive health services via telehealth, without requiring recent GP referral. Reports from reproductive health providers indicate that telehealth has significantly expanded access to these services for young people and women from isolated and rural areas and should be permanently continued.

There is strong evidence that health services designed and run by Aboriginal communities which draw on cultural knowledge and practices are the best foundation for improving Aboriginal women's health outcomes (see for example, Wiyi Yani U Thangani (Women's Voices) Chapter 4 Australian Human Rights Commission 2020).

The 2021/2022 Budget ignored Aboriginal controlled women's domestic violence, legal services as well as Aboriginal controlled birthing services. Commonwealth funded research on 'Birthing in our Community' programs led by Aboriginal medical researchers has shown such services can halve the rate of preterm births for Aboriginal women.

The ability of women and girls to control their fertility is essential to health and empowerment and to achieving gender equality. Unrestricted and free access, based on health practitioner support and advice to the full range of contraceptive options underpins women's economic and personal autonomy and should not be constrained by costs or unnecessary barriers.

Priority area 1 of the National Women's Health Strategy 2020-30 (Maternal, sexual and reproductive health) commits the Government to: 'Increase access to sexual and reproductive

health care information, diagnosis, treatment and services' by promoting 'access to resources for students and parents to learn more about sexual and reproductive health'.

The 2021-22 Budget failed to mention or fund this priority women's health commitment, which has increased urgency in the context of extensive evidence of young women's experiences of sexual assault, young women's calls for positive and high quality sexuality and consent education and the uneven quality of much sexuality and consent education, including programs produced by the Federal Government.

WEL's education policy advocates that the Federal Government delivers on this priority through funding roll out of a national schools program, but to support gender equity the broad Australian community needs expert and up to date information on sexual and reproductive health care information, diagnosis, treatment and services.

Menstrual health and equity

In a positive move the 2018-19 Federal budget removed the tax on sanitary products. There is nevertheless extensive evidence of the negative impact on women and girls of inadequate information on menstruation, the shame still associated with menstruation and limited access to menstruation products as well as the severe impact of pain from menstruation and associated conditions such as endometriosis. The 2021-22 Budget extended a relatively small amount of funding to the Pain Foundation to address information on endometriosis pain and treatments.

Recent research evidence in Australia highlights that menstrual health also presents challenges to Indigenous Australians, people from low socio-economic backgrounds and marginalised cultural communities as well as communities that are remotely located.