**Election 2019 – Reproductive health**

# Why is this an issue for women?

* While the broader sphere of sexual and reproductive health affects all genders and sexualities, women carry a disproportionate burden of reproductive health issues.
* Dysmenorrhea, endometriosis, polycystic ovarian syndrome, pelvic inflammatory disease, uterine fibroids, cervical, ovarian and other gynecological cancers are health concerns unique to women. Breast cancer is about 100 times less common among white men than among white women, and about 70 times less common among black men than black women. All of these conditions are often under-diagnosed or diagnosed late, leading to long periods of untreated pain and lost opportunities to prevent the worsening of symptoms or progression of disease.
* On average, women are fertile for over 40 years, which represents around 480 occasions where pregnancy is possible.
* For teenagers and young women, comprehensive sexual, reproductive and respectful relationships education, access to affordable sanitary products and youth and women-friendly health care providers are needed.
* For sexually active women, access to safe, affordable, effective contraception, suitable to their individual needs, is essential. Currently, it is estimated that around [half](https://www.childrenbychoice.org.au/factsandfigures/australian-abortion-statistics) of all pregnancies are unplanned.
	+ Anecdotally, women report significant barriers to accessing emergency contraception, specifically judgmental attitudes by pharmacists.
* While accurate data on induced abortion is notoriously difficult to obtain, it is estimated that around a third to a quarter of women will have an abortion at some point in their reproductive lives. Services need to be modern, supportive and non-judgmental, within an appropriate legal framework and adequate service planning.
	+ It is well documented that pregnancy termination services are extremely limited and prohibitively expensive in most parts of Australia. Laws governing pregnancy termination are also different in every state and territory.
* A smaller proportion (around one in [nine](https://www.varta.org.au/information-and-support/fertility-and-infertility)) of women will experience difficulty conceiving naturally, and will need access to assisted reproductive technologies.
* Pregnancy and childbirth can present significant risks for women including spontaneous miscarriage, stillbirth, gestational diabetes, foetal abnormality or death in utero, premature or overdue labour and a range of birthing complications. Appropriate specialist health professionals and accessible pre and post-natal health care services are required.
* Women in their forties and fifties will begin menopause, which, for some women, will entail debilitating symptoms and require hormone replacement therapy or other types of intervention, either from mainstream medical practice or complementary health services (or both).
* NFAW recognizes that Aboriginal women, women from culturally and linguistically diverse backgrounds, women living with disabilities, women suffering economic hardship, mental health issues or substance addiction, and women living in rural or remote areas, are likely to have additional health needs and additional barriers to accessing the health services they require.

**Election commitments**

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| Full implementation | Partial implementation | No or negative response |

The table below sets out how fully parties’ current election commitments address NFAW recommendations:

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| **NFAW RECOMMENDATION** |
| A national women’s health policy should: * + include efforts to modernize and standardize laws governing pregnancy termination, including encouraging state governments to have a consistent policy
	+ ensure all universities and training hospitals involved in undergraduate medical and nursing training include all-options pregnancy counselling and medical and procedural abortion training
	+ promote federal and state agreements whereby affordable and accessible pregnancy termination services are made available
	+ develop training for pharmacists in providing non-judgmental information-based counselling for women seeking emergency contraception.
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| **PARTY COMMITMENTS** |
| **ALP** | **LNP** | **GREENS** |
|  | There is increased funding for diagnostic imaging and cancer treatment services which may assist with the diagnosis and treatment of a limited range of women’s cancers. There is no new Medicare item for sexual and reproductive health. There is some funding for physical upgrades to hospitals but no funds for Commonwealth / State arrangements to provide affordable pregnancy termination services or procedural insertion of long acting reversable contraceptives. |  |
| **NFAW RECOMMENDATION** |
| There should be increased linkages to strategies aimed at reducing violence against women, including reproductive coercion affecting a women’s ability to manage her fertility. |
| **PARTY COMMITMENTS** |
| **ALP** | **LNP** | **GREENS** |
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| **NFAW RECOMMENDATION** |
| There should be adequate recompense under Medicare for pregnancy options counselling and provision of medical and procedural termination of pregnancy. This should be embedded in a long consultation for ‘sexual and reproductive health’. |
| **PARTY COMMITMENTS** |
| **ALP** | **LNP** | **GREENS** |
|  | There is some funding for perinatal mental illness, but nothing for preventing pregnancy or enhancing fertility. |  |
| **NFAW RECOMMENDATION** |
| The National Women’s Health Strategy 2020-2030 should be accompanied by an implementation plan. |
| **PARTY COMMITMENTS** |
| **ALP** | **LNP** | **GREENS** |
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| OTHER ELECTION COMMITMENTS |
| Commitment | **Party** | **Comments** |
|  | Choose an item. |  |
|  | Choose an item. |  |
|  | Choose an item. |  |

Authorised by Kate Gunn, Sydney.