“Women’s Reproductive Health: abortion in rural, regional and remote areas”

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Overview

• Background – what problem?
• Policy and politics
• NT, national and international data
• Application of sexual and reproductive health rights in law and clinical practice
• Research in the NT and national
Reproductive Autonomy

‘Reproductive autonomy is having the power to decide about and control matters related to contraceptive use, pregnancy, and childbearing. Around the world, at the community level and the individual level, social norms dictate varying degrees of women’s reproductive autonomy.’

Development and Validation of a Reproductive Autonomy Scale 2014
Studie in Family Planning

Usama D Upadhyay, Shari L Dworkin, Tracy A Weitz, Diana Greene Forster


Barriers to health care

‘Out bush – there is still a lot of stigma about getting information in the first place and certainly something that is not talked about … and I reckon there’s a higher rate of teenagers having births because of the stigma. (Zilah)’

‘Stigma is linked to the expectation of society for a woman to be loving and nurturing and to think of others. When a woman chooses to have an abortion, she is making that decision for herself. I think if women were really respected as free thinking individuals, people who are allowed to make decisions for themselves, then that stigma wouldn’t be as strong. (Clara)’

The production of stigma and deviance

Source: Conceptualising abortion stigma, Culture, Health and Sexuality 2009
Anauradha Kuma, Leila Hessini, Ellen Mitchell
Politics and Policies
# Australian Women’s Health Charter Scorecard

To give a clear view of what is needed to improve the health of all women in Australia and put it the forefront of the political debate, we developed the **Australian Women’s Health Charter** and called on all political parties in the election to endorse and commit to action on it.

<table>
<thead>
<tr>
<th>National Women’s Health Policy which places gender into all Commonwealth portfolio areas and is underpinned by a Social Determinants Framework</th>
<th>Labor</th>
<th>The Greens</th>
<th>Liberal</th>
<th>Nationals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Funded Independent Women’s Health Peak</td>
<td>Green</td>
<td>Green</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Funded National Conversation on Women’s Health and Wellbeing and Sustainable Ongoing Funding</td>
<td>Green</td>
<td>Green</td>
<td>Red</td>
<td>Red</td>
</tr>
<tr>
<td>Whole of government program to achieve gender equality</td>
<td>Green</td>
<td>Green</td>
<td>Red</td>
<td>Red</td>
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</tbody>
</table>

**Key to scoring (updated 30 June 2016)**

- **Red**: No response to Charter
- **Green**: Commitment made

Scoring of parties is based on responses received to the Australian Women’s Health Charter.

The Australian Women’s Health Network is the national independent peak body that provides a national voice for women’s health. It has no political party affiliations.

Media Enquiries | Chief Executive Officer, Kelly Banister | Contact: 0408 061 901 | ceo@awhn.org.au | www.awhn.org.au/home/womens-health-charter/
The Northern Territory Government, Through the Women’s Health Strategy Unit in the Department of Health recognises the need for policy and program approaches that respond to the different requirements of women and men and that some health issues are unique to, more common, or more serious for women. These include sexual and reproductive health (including family planning), child birth and support for parenting, breast and cervical cancer prevention, the profound impact of family and sexual violence, primary care giving, and stress relating to the multiple roles women play.
CEDAW: Commission on the Elimination of All forms of Discrimination against Women (United Nations):

“...in some circumstances, abortion will be the only way for a woman to exercise the right to decide the number and spacing of children. This is particularly the case if the woman became pregnant through rape or contraceptive failure or if family planning services are unavailable where she lives.” (Article 12)

“The Committee has also expressed concern about the limited access women have to abortion due to conscientious objections of practitioners.” (Article 12)

Endorsed by the Australian Human Rights Commission (2001)
“I think it would be folly to expect that women will ever dominate or even approach equal representation in a large number of areas simply because their aptitudes, abilities and interests are different for physiological reasons.”

Tony Abbott - February 2010

- Tony Abbott Minister Assisting the Prime Minister for Women with Ms Michaelia Cash 2013-2015
Figure 3 Abortion support, Australian National Political Study 1979 and Australian Election Study 1987 to 2013

Do you think women should be able to obtain an abortion easily when they want one, or do you think abortion should be allowed only in special circumstances? (Australian National Political Attitudes Survey 1979, Australian Election Study 1987).

Which one of these statements comes closest to how you feel about abortion in Australia? 1) Women should be able to obtain an abortion readily when they want one 2) Abortion should be allowed only in special circumstances 3) Abortion should not be allowed under any circumstances (Australian Election Study 1990-2013)

Laws that regulate access to termination of pregnancy
Summary of Australian state and territory abortion laws*

Map key:
- Woman’s decision (at least during 1st trimester)
- Doctors’ decision if conditions spelt out in law are met
- Criminal but judicial precedent effectively allows for doctors to make the decision if certain conditions are met

Western Australia

Health Act 1911
- Up to 20 weeks the performance of an abortion is justified if a doctor decides there is serious danger to the physical or mental health of the woman and/or serious personal, family or social consequences.
- Compulsory counselling/information must be given by a doctor (can not be one of the doctors providing the termination) prior to termination with referral for additional counselling before and after termination.
- Informed consent of the woman after the above counselling.
- Beyond 20 weeks at least two of a panel of six state appointed doctors must agree that either the woman or foetus has a severe medical condition necessitating a termination.
- For a minor <16yo a parent or guardian needs to be notified & allowed to participate in the counselling and decision making, unless the minor has successfully applied to the Children’s Court for an order to proceed without parental notification.
- Conscientious objection clause.
- Notification of all terminations to the WA Director of Public Health (deidentified).

Criminal Code 1913
- If a non-medical practitioner performs an abortion (whether the woman is pregnant or not) and/or failure to meet any of the above criteria: 5 years prison.

Northern Territory
Medical Services Act 2006
- Legal decision rests with two doctors (one must be an O&G specialist) not the woman.
- Up to 14 weeks only if the doctors determine there is a risk to the woman’s health or severe foetal abnormality.
- Between 14 and 23 weeks in cases of immediate risk of ‘grave injury’ to the woman’s mental or physical health.
- Must be carried out in a hospital.

Criminal Code Act 1983

Tasmania
Reproductive Health (Access to Terminations) Act 2013

Queensland
Criminal Code 1899
- Attempting to terminate a woman’s pregnancy, through any means, whether she is pregnant or not – 14 years prison.
- A woman who attempts to terminate her own pregnancy, through any means, whether she is pregnant or not – 7 years prison.
- Supplying drugs or instruments knowing they will be used to terminate a pregnancy – 3 years prison.
- Judicial precedent - Maguire Ruling (1986): an abortion is considered lawful in Queensland if carried out to prevent serious danger to the woman’s physical and mental health.

New South Wales
Crimes Act 1900
- A woman who attempts to terminate her own pregnancy by any means – 10 years prison.
- Terminating a woman’s pregnancy through any means – 10 years prison.
- Supplying instruments or drugs, knowing they will be used to attempt to terminate a pregnancy (whether the woman is pregnant or not) – 5 years prison.
- Judicial precedent - Levine Ruling (1971): abortion is considered to be lawful if two doctors agree that continuing the pregnancy would involve ‘serious danger’ to the woman’s physical or mental health. In considering mental health the doctor may consider social and economic stresses.

Australian Capital Territory
Medical Practitioners (Maternal Health) Amendment Act 2002
- Legal decision is the woman’s – no gestational limits in law.
- Only a registered medical practitioner may carry out abortion (5 years imprisonment for anyone else).
- Abortion is to be carried out in a medical facility, or part of a medical facility approved by the Minister for Health (if not, a fine (50 penalty units), 6 months imprisonment or both).
- Conscientious objection clause.
Australian abortion laws

ACCESS TO ABORTION ACROSS AUSTRALIA

- NSW
- QLD
- WA
- SA
- NT
- TAS
- ACT
- VIC

- Abortion has been decriminalised
- Clinics have safe access zones
- Early medical abortions available
- Abortions are primarily accessed in public hospitals

* Abortion is legal in a hospital if a woman is at or under 14 weeks gestation and two medical practitioners sign off on fetal abnormality or maternal health grounds.
Medical Services Act + Criminal Code
1983

- NT one of the most conservative regions of Australia in terms of abortion law
- States that a termination of pregnancy should occur in a hospital
- Requires the approval of 2 doctors, one of whom needs to be an O&G in the first 14 weeks of a pregnancy. **Implications for medical abortion**
- Between 14 and 23 weeks abortion is allowed if a doctor deems that it is necessary to prevent grave injury to the woman's physical or mental health.
- Beyond 23 weeks abortions are only carried out to save a woman's life
- Two parents consent is needed for women under the age of 16
- Still linked to the criminal code
RU486: Anti-abortion doctors praised during debate in NT Parliament

By Katherine Gregory and James Dunleavy
Updated 21 Apr 2016, 6:54am

A politician has praised doctors who refuse to perform abortions and described the belief human life begins at birth as a "fashion", during debate over whether women in the NT should have access to RU486.

The drug is illegal to procure in the Northern Territory and only available in special cases.

NT Speaker of the House Kezia Purick first introduced the medical services amendment private member's bill to Parliament in December 2015, when she described access as "not a social justice matter; it is about basic rights for Territory women".

As debate began again in the Parliament on Wednesday night, members from the Country Liberals Government, Labor Opposition and independents spoke for and against the drug being made available.

Independent Gerry Wood described the belief human life begins at birth as a "fashion" and a "fallacy".

"Some people might say I am just fighting against the tide, this is women's business, go away. But just because something is the fashion, doesn't mean it is correct," he said.

"According to this fashion in Western society ... that life begins at birth."
NT Government Ministers refuse to prioritise debate over abortion drug RU486

By James Oaten
Updated 26 May 2016, 1:26pm

Senior Government MLAs in the Northern Territory have refused to prioritise debate on whether to allow the abortion drug RU486 in the jurisdiction, dashing chances that the law will be changed prior to the NT's August 27 election.

Independent MLA Kezia Purick was behind a campaign to allow women to access the drug from specially trained doctors.

The Northern Territory is the only Australian jurisdiction where the drug is not readily available.

On Wednesday night, Ms Purick pushed for her amendments to the Medical Services Bill to be debated as a matter of priority, but this was voted down in a conscience vote and the matter will not return to Parliament for several months.

Ms Purick had the support of most Labor MPs and some independents.

"It is about the choice of women," fellow independent Alison Anderson told Parliament.

"I think we need to modernise ourselves as the Territory. I think every other state and jurisdiction has left us behind."

Several members of the ruling Country Liberals Party spoke in favour of allowing access to RU486, including Health Minister John Elferink, Education Minister Peter Chandler and Deputy Chief Minister Peter Katsambanis.

Abortion in the Northern Territory

- Medical abortion through RU486 is restricted to special cases.

PHOTO: Protesters say legalising RU486 in the NT will free-up hospital space. (ABC News: James Oaten)
Choice? Services in the NT

- GPs – difficult to find females? Bulk billing
- Family Planning Welfare Association NT
  - Youth Clinic 1/ fortnight in Darwin
  - Offers training and abortion referrals
- 2 doctors who provide early surgical TOP services
- No early medical TOP
- Fly-in fly-out provider from SA
- All provision is in hospital (2 public / 1 private)
- No stand alone abortion clinics
- No youth clinics
- Remote clinics – referral is possible but not always confidential and distance is extreme
Why don’t we offer MTOP?

- Medical termination of pregnancy (MTOP) available in US (2000), UK (1981), Western Europe (1988), Russia, China, Israel, NZ, Turkey, Victoria, Queensland, South Australia, New South Wales, Western Australia, Tas……
- Lots of global literature on the safety and efficacy
- Guidelines available
- Online training course Marie Stopes
- Mifepristone and misoprostol on WHO essential medicines list 2006
- Misoprostol on PBS 2013
- Onerous system to be able to prescribe for doctor and pharmacist – need authority script.
- Women ask for it!

Data and research
TOP in the NT

1 in 5 pregnancies in the NT are surgically terminated.

93% of NT terminations occur in public hospitals.

18% The percentage of terminations amongst Indigenous women

27% The percentage of terminations amongst Non-Indigenous women.
Percentage distribution of surgical terminations by age group and Indigenous status, 2006-2011, NT
Age-specific rate of surgical terminations expressed as number of cases per 1,000 women aged 15-49 years by Indigenous status, 1992-2011, NT

TOP Rates in 2011
- South Australia: 16 per 1000 women
- Non-indigenous NT: 15.6 per 1000 women
- Indigenous NT: 10.4 per 1000 women
Table 6.5: Rates of abortion for 2003 in developed countries where reporting is relatively complete

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>ABORTION RATE (PER 1,000 WOMEN AGED 15 TO 44 YEARS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>35</td>
</tr>
<tr>
<td>United States</td>
<td>39</td>
</tr>
<tr>
<td>Australia</td>
<td>20</td>
</tr>
<tr>
<td>Sweden</td>
<td>34</td>
</tr>
<tr>
<td>England and Wales</td>
<td>33</td>
</tr>
<tr>
<td>Canada</td>
<td>15</td>
</tr>
<tr>
<td>Singapore</td>
<td>15</td>
</tr>
<tr>
<td>Scotland</td>
<td>12</td>
</tr>
<tr>
<td>Netherlands</td>
<td>9</td>
</tr>
<tr>
<td>Germany</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: International comparisons of abortion data should be interpreted cautiously as abortion data collection methods, definitions and completeness vary. Australia may have more complete abortion reporting than some of the countries included in this table (e.g. the United States) and some international differences will reflect different approaches to reporting and recording abortion.

Australian age specific fertility rates – births to 15-19 year olds
Teen birth rates internationally, per 1,000 girls aged 15-19 years, 2008 and 2009

Teen birth rates in the US are higher than in some other developed countries.

- Bulgaria
- United States
- Romania
- United Kingdom
- Ireland
- Israel
- Canada
- Germany
- France
- Norway
- Italy
- Sweden
- Denmark
- Netherlands
- Switzerland

TOP in the NT

What is NOT known or documented well?

- The precursors to TOP in NT
- The quality of the data
- The barriers to care – including policy, law, geography, stigma, finances, cultural fit
- The quality in service provision for women in the NT
- The experiences of women who leave the Territory for health services
• To map the location of women who present for termination of pregnancy and distance to health care service in the Northern Territory.

• To explore the personal journey for women undergoing termination of pregnancy in the Northern Territory.

• To examine perceptions of quality of care for Northern Territory women who have termination of unplanned pregnancy.

• Also interested in women who leave the Northern Territory to have a termination
Two studies of TOP in rural and remote Australia

Case studies
Descriptors of TOP patients
Patient perceptions of quality of care
Patient journeys and access issues

Note: The Remoteness Structure is composed of six classes. The migratory class is not mapped.
Example: Travel patterns to abortion clinics in Canada

Sethna, C and Doull, M., 2010, Spatial disparities and travel to freestanding abortion clinics in Canada, *Women’s Studies International Forum*, 38, p.56
Patient Journey Mapping

Example: Physical Access

Key Messages

- TOP is life saving and health preserving: a positive thing for many girls and women
- NT data is limited and patchy
- NT TOP clinical care is out of date due to policy and law inertia
- Legal impediments to termination of pregnancy should be removed.
- Indigenous and non-Indigenous women have different patterns of termination of pregnancy that need further exploration and explanation.
- Australian women’s reproductive health and rights could be improved by focusing on access and equity in health care.