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DEPUTY LEADER OF THE OPPOSITION
EMILY'S LIST ORATION
REPRODUCTIVE FREEDOM: UNFINISHED BUSINESS**

16 August 2017

SPEECH

30 minutes

ACKNOWLEDGEMENTS

Thank you to Catherine for the introduction. One of the reasons I'll fight so hard to see Labor elected federally is so we can have a fantastic woman like Catherine King as our health minister.

I'd like to acknowledge the traditional owners of the land on which we meet today, the Ngunawal People, and pay my respects to their elders past and present.

I'd also like to acknowledge all of my wonderful Labor colleagues here tonight:

- MLAs [ask to stand] – Tara Cheyne, Rachel Stephen-Smith, Suzanne Orr, Bec Cody)
- Federal colleagues [ask to stand] – Claire Moore, Sue Lines, Sharon Claydon, Malarndirri McCarthy, Gai Brodtmann

Thank you to the Emily's List Action Group Members who organised the event tonight – Eleanor, Lisa, Carol, Meredith and Liz.

Unfinished business

I want to start tonight by sharing a story with you from back in 2005.

It's about a young woman from a small rural community. She was a mother of two children under the age of three. Both her children had been born premature because she suffered severe pre-eclampsia.

She was not in a happy relationship. Her partner was unsupportive.

She was eight weeks pregnant with her third child when she travelled to a small country hospital some distance from her home, wanting to terminate her pregnancy.

The doctor she saw wanted to help but wasn't able to arrange a surgical termination at the hospital.

Her only option was to take the bus to the nearest large town – hundreds of kilometres away – to have an abortion at a private clinic.

Can you imagine? Having to catch the bus for hours with two children under three. And then what would you do with them when you were anaesthetised for surgery?

It didn't come to that anyway, because it would have cost more than \$700.

And she simply couldn't afford it.

So she went back home still pregnant.

At 26 weeks she was back at the hospital severely ill with pre-eclampsia. She was airlifted to the same town where she might have had the pregnancy terminated.

She had an emergency caesarean, the infant died, and she spent a week in the

high dependency unit.

So much unnecessary trauma. Unnecessary risk to a woman's life. The loss of a baby. Unnecessary expense to the health system.

It was this story, told to me by a Queensland doctor, and others like it, that made me understand how necessary it was to add RU486 – the drugs used for a medical abortion – to the pharmaceutical benefits scheme back in 2013.

I wanted to make sure a woman facing the difficult decision to terminate her pregnancy had more options available to her

Putting RU486 on the PBS undoubtedly made it easier for some women to end an unwanted pregnancy.

But the reality is that for many women who have decided they want an abortion, it's still unaffordable and unattainable.

Here are some facts:

- Abortion is one of the most common medical procedures that Australian women will experience in their lives.
- Having an abortion is a criminal act in both Queensland and New South Wales – that means it's a crime for half the women in Australia. While the Queensland legislation originates in 1899, this isn't a law which is defunct in practice. A Brisbane couple were prosecuted for purchasing abortion drugs in 2010 and just last month a woman was prosecuted in New South Wales.
- Since Labor added RU486 to the PBS, the medicine costs \$6 dollars with a health care card. But the average price women actually pay for a medical termination is \$560 dollars.
- One in three pregnancies in Australia is unintended. That's one of the highest rates of unintended pregnancy in the developed world.
- Eighty per cent of Australians support a woman's right to choose.

- Half of Queenslanders don't know abortion is illegal in their state.
- The majority of women who have an abortion already have at least one child.
- A third of people who contact Children by Choice for pregnancy options counselling are suffering domestic violence. A fifth are victims of reproductive coercion.

But access to safe, legal and affordable abortion is absolutely not the beginning and end of the fight for reproductive rights in Australia. Real reproductive freedoms mean the freedom to say yes or no to sex, access to appropriate contraception, and also to have children without experiencing discrimination.

- Over 70 per cent of terminations are the result of failed contraceptives.
- Half of Australian mothers were discriminated against while they were pregnant, on maternity leave or following their return to work.
- Three quarters of young women report they did not learn anything from their sex education classes in school that helped them deal with sex and respectful relationships.

Every one of these facts shows that reproductive freedom is unfinished business in Australia.

What is reproductive freedom?

I want to say up front that when I'm talking about reproductive freedom I get that it's a lot messier than demanding rights, changing laws and providing health services.

We'd like to hope we can control our bodies, but too many of us have had unexpected pregnancies, or struggled to become pregnant when we desperately wanted a child, to imagine that we *really* control our bodies. We do the best we can to influence our fertility, but life and relationships and accidents – both tragic and happy – all play a role.

But when it comes to something as important as carrying and raising a child we deserve as much say as possible, as much choice as possible. Every child born should be loved and wanted. I actually think that's a pretty uncontroversial thing to say.

Legal barriers

Half the women in Australia can legally access an abortion. For the other half, it's a crime you can be gaoled for.

This doesn't mean that it's impossible to get an abortion in Queensland and New South Wales.

But the legal risk makes it far more difficult and costly. Most medical practitioners put it in the too-hard basket and many people who are prochoice are prepared to "leave well enough alone" as they fear opening up the issue could lead to fewer rights not more. Even governments which have wanted to update laws have sometimes found it beyond them.

But our out-dated laws are a serious barrier to the provision of health care.

And they lead to the ridiculous situation of "abortion tourism".

One in 25 women who has an abortion has to travel interstate to have it.

It's also not as simple as abortion being a crime in Queensland and New South Wales and legal and available everywhere else in the country.

In many cases the legal conditions attached to how and when you can get an abortion are almost as restrictive as prohibition.

Here in the ACT for instance, the requirement that abortions are carried out in an approved medical facility means medical terminations provided via telehealth are effectively outlawed. You need to cross the border to the Queanbeyan post-office to pick up your tablets.

In New South Wales, Queensland, and South Australia a woman can only terminate her pregnancy if her mental or physical health or life is at risk.

It then becomes the doctor's prerogative to decide whether this is the case and she can therefore have an abortion.

Abortion is the only medical procedure in the country where this is the case. Where the patient's wishes are inconsequential.

In early 2016, a 12 year old girl presented to the Central Queensland Hospital and Health Service because she wanted to end her early term pregnancy. The girl had the support of her parents and the support of the social worker, the two obstetricians and a psychiatrist.

The hospital would not perform the abortion and the decision ended up having to be made by the Queensland Supreme Court, even though the girl and her parents were consenting.

Of course, no court approval would have been required if she had decided to continue the pregnancy, even though that would have placed her health at far higher risk.

There's been notable success changing outdated laws this year. The Northern Territory Labor Government passed reforms to abortion laws in March that made medical terminations available for the first time. However, attempts to

decriminalise abortion have failed again in Queensland despite the hard work of many Labor MPs.

As a party, we must continue to push to advance women's reproductive rights throughout the country.

Emily's List's mission is as important as ever. Your membership is as important as ever.

Practical access

Even in states where abortion is legal, there is a huge gap between the law and the reality on the ground.

For many women abortions are unaffordable and unattainable.

The legal right to access a termination isn't much use to a homeless teenager when the upfront cost of an abortion is more than \$500.

Adding RU486 to the PBS in 2013 is one of the more important things I did as health minister.

But uptake of medical terminations by women who want an abortion is still very low by international standards.

Women seeking abortions are charged more for medical terminations than they are for traditional surgical terminations.

The cost for medical terminations can rise to almost \$800 in some parts of the country.

One in four Australians doesn't have \$400 available in case of an emergency.

It's a ridiculous situation to be put in when you consider the longer term cost of raising a child. It still seems tragic to me that a woman would have a child for no reason other than that she couldn't afford an abortion.

In a survey earlier this year, one in three women said they found it difficult to pay for their abortion. Two thirds needed financial assistance and had to miss paying bills or cut back on food to afford it.

Things are made worse by how difficult it can be to find a doctor or clinic to help.

Abortion services in the public health system are rare and poorly coordinated. Services are restricted to a few facilities in major cities. Most services are provided in private clinics.

And very few GPs provide terminations. Less than 1.5 per cent are registered to prescribe RU486 and far fewer are actively doing so.

A recent survey in Western Australia found one in five women seeking an abortion had difficulty finding a provider or were refused a referral by their GP. It gets even harder to find an affordable service if you live in a rural or remote area.

These are the women we're truly letting down.

I've been told about clients living in remote areas of Queensland who have travelled over 1,300 kilometres to get a termination.

One in ten women have to stay overnight in the town they've travelled to – drastically increasing the cost.

The reality of the situation is that if you're a middle class woman from a relatively privileged background living in a capital city, maybe you'll agonise over the decision, there will be barriers and stigma around you getting an abortion, but you'll probably be able to get one if you need to.

If you live in a rural or remote area, if you're experiencing poverty, if you don't speak much English, if you're young... it's going to be a whole lot harder, if it's possible at all.

It is a serious restriction on women's reproductive freedom and it's a terrible start for children brought into the world in these circumstances.

Unplanned pregnancy

I'm not just going to talk about legal and practical access to abortion today.

There's clearly a lot of work that needs to be done there...

...but as I said earlier, reproductive choice – reproductive freedom – is about much more than that.

Australia has one of the highest rates of unplanned pregnancy in the developed world.

Most women spend a lot of their lives trying not to get pregnant when the time doesn't seem right.

We're not always very successful.

One in three pregnancies in Australia is unintended, and that can be a lovely happy surprise. But often it's not.

One in five pregnancies is terminated.

Contraceptive failure is the cause of 70 per cent of those unwanted pregnancies. Lots of Australian women are not using the best form of contraception for them because they're not informed about their options.

Around 8 per cent of Australian women use long acting removable contraceptives compared to 32 per cent in Europe.

Far more people rely on condoms and "the pill".

But condoms are only 82 per cent effective and the pill 91 per cent effective.

Long acting removable contraceptives such as implants and intrauterine devices are over 99 per cent effective.

The difference between 91 and 99 per cent is thousands of unplanned pregnancies.

As well as being more effective, LARCs cost less than the pill.

Of course, this doesn't mean they'll be the best choice for everyone or that they should be foisted on women who don't want them.

Part of the reason there are misconceptions about LARCs is because in the past they've been given to vulnerable people including Indigenous women and young mothers without their proper consent.

But, at the moment, lots of young women don't learn about all options in school and are not always told about them when they visit their GP.

Reproductive coercion

There is another aspect of reproductive freedom that I believe needs to be urgently included in our efforts to eliminate violence against women.

Reproductive coercion can take on a number of forms – but you all know essentially what it means.

It happens when your partner controls or sabotages your birth control;

When they make threats or are violent if you insist on using a condom;

When they take off the condom without telling you. It's disturbing that this is so common it has a name – "stealthing". It should be known as rape.

It's when a man emotionally blackmails or coerces you into falling pregnant or keeping a pregnancy you don't want – or, the flipside, forces you to have an abortion as a sign of your love and fidelity; all the way through to forced sex and rape.

This is not okay. But it's shockingly common.

It is reported that the woman prosecuted in New South Wales last month for procuring abortion drugs online to try end her late term pregnancy did so because her partner pressured her.

Children by Choice has found one in eight of their clients has experienced reproductive coercion.

Reproductive coercion is a way for perpetrators of violence to exercise power

over their partner's life.

A third of women reporting domestic violence to Children by Choice also reported reproductive coercion.

It's a sickening truth, but the risk of women experiencing domestic violence increases while they are pregnant.

And it's a form of violence that has lasting impacts.

Having a child creates a legal tie with your abuser that can last a lifetime and makes it far harder to leave a violent relationship.

Combatting reproductive coercion needs to become part of our national effort to prevent domestic and family violence.

Anti-choice demonstrators often use the fact that some women may be coerced into having a termination as a reason that no women should ever be able to choose one.

Certainly, we should be ensuring no one is ever forced to have an abortion.

We should also recognise that harassing, attacking or shaming vulnerable women who are trying to end a pregnancy is also a form of reproductive coercion.

All Australian states should have safe access zones to prevent this.

Social and economic constraints

Women's reproductive choice can also be limited by our society.

Half of Australian mothers report having been discriminated against in the workplace while they were pregnant, on maternity leave or when they returned to work.

It's no wonder then that women are waiting later and later to have their first child, in part because of fears about what it will mean for their careers.

This creates its own barriers.

If you wait too long and have to rely on IVF, the cost runs into the thousands and is prohibitive for many.

Only 17 per cent of IVF cycles in Australia result in a live birth. This drops off to 6.6 per cent for women over forty.

Making our society and workplaces family friendly gives women more genuine choice about when they start their family if they want one.

Consent and respectful relationships

Above all, reproductive freedom begins with knowing how to say yes or no to having sex.

76 per cent of girls say their sex education classes at school were useless in preparing them to deal with sex and relationships.

For the most part, it's a combination of scientific diagrams of genitals and descriptions of how fertilisation occurs, with some warnings about STIs thrown in for extra measure.

And yet many young people don't know that a-symptomatic STIs can compromise your fertility alter in life.

We're kidding ourselves if we think kids aren't finding out about sex elsewhere.

The average age children first see porn in Australia is ten.

Smart phones and social media are creating a whole range of new expectations and peer pressure for young people.

Half of students in the fifth National Survey of Australian Secondary Students and Sexual Health reported having received a "sext".

It's not possible anymore to avoid mentioning sex and hope for abstinence.

Young Australians are developing unhealthy ideas about what sex and sexual relationships look like because we're not talking to them clearly enough about healthy relationships.

Misinformation is only a click away.

We need comprehensive, HONEST sex and relationships education.

We need to teach young people about consent -

What it is, what it's not, how to ask for consent, how to express it.

How to know if you're not ready and to have the freedom to say no; not with you; not that way; not today.

Sex and relationship education should be age appropriate and cover respect, online safety, gender diversity and sexual violence.

Honest education is essential to equipping young people with the tools to form safe, healthy relationships when they're ready to.

This would benefit all kids, but it's not gender neutral.

It's girls who are more likely to be pressured to have sex when they don't want to, to be publically shamed for sending selfies, to be ostracised for being too frigid or too promiscuous. It is girls who will end up pregnant, who are less likely to receive pleasure, who are more likely to be victims of violence.

When our sex education system fails, girls pay a higher price.

Labor and reproductive freedom

It's so clear that our current approach is not good enough.

Abortion is a crime for half of Australian women.

Reproductive health care can be prohibitively expensive – if you can even find a service that will help you.

And yet one in three pregnancies is unplanned and one in five is terminated.

If the intention behind all these barriers and restrictions is to stop women having abortions, it's not working.

We need to improve reproductive freedom through decent sex education to ensure young people have safe, fun, healthy, respectful relationships when they are ready.

We need a comprehensive approach to improve use of effective contraception.

We need to ensure vulnerable women can access healthcare – to get pregnant, deliver safely, avoid pregnancy or end a pregnancy as a woman chooses.

We need strong public health systems to take responsibility for supporting each of these reproductive options.

We need to prevent reproductive coercion and violence against women.

We need to make sure that women have autonomy over their bodies.

Reproductive freedom is intimately tied to gender equality.

For Labor to be pro-women, we must be pro-choice.

Australia still has unfinished business on reproductive health.