

## Inquiry into the Universal Access to Reproductive Healthcare.

Democratic Labour Party (DLP) of South Australia

### About this document

This submission has been prepared by members of the Democratic Labour Party of South Australia, with a wide-ranging consultation across our diverse membership, including health professionals and young women. Some of our signatories are listed on Appendix 1 – Submission Signatories.

### Submission Summary

After carefully reviewing the terms of reference, it is clear that a number of the proposals seek to expand abortion access without adequately addressing the need for real choice based on informed consent. We are also concerned about inadequate provisions addressing the health and safety of women undergoing abortions. We also note the importance of protecting women's choices, particularly in the face of potentially violent and controlling behaviour and the necessity to recognise the two lives involved in the pregnancy.

### Submission

The DLP welcomes the opportunity to make a submission to the Senate Inquiry into Reproductive Healthcare. At the outset, we would express our deep concern about the euphemistic use of language in the terms of reference, which may give a lack of clarity to the subject at hand. In the last year, Australia has seen an increased radicalisation of its abortion laws, which we do not wish to see progressed and radicalised further. Despite the fact that questions about abortion, its morality and its scope, are controversial (even taboo) subject matter in Australia at the present time, the DLP would comfortably suggest that many Australians—even those who may be open to abortions being conducted to some degree—would not support the radical changes, if they knew what is really being proposed. Particularly, we refer to abortion until full-term and also the practice of withholding medical care from children born alive as a result of an abortion.

In the terms of reference, we note the fact that terms such as “reproductive health”, “reproductive healthcare”, “pregnancy care”, are not bad in themselves, but can be used as euphemisms for the most radical of abortion policies. “Termination services” is at least a more transparent use of words. The opening paragraph speaks about offering “options to women to empower choice and control in decision-making about their bodies”. With respect to a pregnancy, the DLP believes that there are two bodies involved—the mother and the child—and the health of both needs to be considered in each case. If this statement truly refers to a woman's choice concerning her own body, and no-one else's, we are supportive of this statement, and are happy to see the best possible health-care provided in our country for women. However, we strongly suspect that this statement is intentionally ambiguous and euphemistic, so that the true intention of statement is to empower women in the murdering and killing of their unborn children. This we cannot in any way support. The DLP believes the unborn children are exactly that: children, babies, human beings, boys and girls, who are worthy of the highest protection our society can offer. This is a matter of human rights, and it is a reflection upon our society how we treat its most vulnerable.

The points below refer to the corresponding divisions in the terms of reference.

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- a. The DLP is concerned about the potential side effects of contraceptives, which may be prescribed via telehealth or other remote methods, and also in rural and remote areas, where access to a face-to-face doctor/patient relationship is limited. We would also raise the concern that not all contraceptives are equally safe. It is important therefore that emergency care is readily available within a 30-minute radius of the patient, similar to the care available for those giving birth.

With respect to contraceptives, we are aware that there can be some serious side effects, all of which should be documented in all states and territories. Sometimes, the contraceptive pill, for example, can be misused. Patients should be informed of these side effects in advance, as a matter of their medical care. All risks should be displayed prominently and the patient clearly informed by the attending medical professional and dispensing pharmacy.

- b. There have been several high-profile cases of powerful men using threats of violence or financial incentives to coerce their partner to abort a child. This flies in the face of protecting women and children from domestic violence and coercion, and should be outlawed. There is a significant body of evidence that abortion has serious psychological side effects for the mother. Following any birth or abortion, the woman should be followed-up to identify and resolve any resulting side-effects. These side effects should be recorded in all states and territories, and the mother should also be informed of those side effects when considering whether to have an abortion.

All states should copy South Australia and provide all mothers with a brochure with full information that includes all options for both carrying the baby to term and having an abortion.

In the vast majority of cases, psycho-social reasons are listed as the purpose for aborting a child. These can include mental health issues, and a lack of access to finances to raise the child. The DLP believes that one of the best ways to resolve the problem of rising abortion numbers is to provide adequate support for young families and single mothers to be able to afford housing and other expenses related to raising a child.

In order for the mother to make a truly informed decision concerning terminating a pregnancy, she must be given the opportunity to view an ultrasound of the unborn child. Agencies and organisations that give pregnancy support need government assistance and should be given equal consideration for an expectant mother, not just those agencies which provide abortion. These options should be presented clearly.

- c. We are concerned that in providing increased access to reproductive health services, an increased number of health professionals will find themselves in a workplace situation that is hostile to their beliefs and convictions. It would not at all be right for abortive procedures to be performed in back rooms of GP clinics, for example. Conscientious objections must be allowed. There needs to be support for more midwives, and funding for pre- and post-natal care. Training should be provided for more support workers to assist vulnerable women, especially single mothers after giving birth.
- d. We believe that “best practice approaches” see abortion completely as the last resort, and that sexual and reproductive healthcare should support the mother through pregnancy. Many people in Australia of different cultural and ethnic backgrounds are opposed to abortion, and

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should not feel compelled or forced to have one against their conscience, religion or their culture. Rather, they should receive equal government support and funding to help with reproductive care.

Another key issue is supporting migrant women, refugees, and women on student visas to have the financial ability to choose in the event of a pregnancy. Currently, Medicare support is unavailable to these women, leading to a very high cost of carrying the baby to full-term. We believe that these women should have access to appropriate affordable pregnancy support that allows them the dignity of choosing to give birth, rather than having their choices taken from them by economic hardship.

In the event of rape or sexual abuse prior to a pregnancy, carefully tailored and caring support is needed for the victim and to protect them from future incidents.

- e. Sex education in schools should be limited to Years 10—11 to reduce the risk of sexualising children. Students should receive training on the importance of strong relationships with an emphasis on respect and taking responsibility for their actions.
- f. People with a disability should be afforded the same respect, access to pregnancy centres, and be valued equally along with anyone else. It is of great concern to us that parents are often encouraged to abort their unborn children, who might have Down Syndrome, or other disabilities. Rather, sufficient and adequate support and care should be provided to expecting parents in this situation, so that they can feel confident and supported at the prospect of parenting a handicapped child.
- h. “Reproductive health leave”—a euphemism for “abortion leave”—is an appalling suggestion which would force employers to pay their workers to engage in the abortion of children. This is a terrible idea: it involves employers in matters of conscience which are completely unnecessary. It would give cause to a great number of unnecessary potential situations of conflict in the workplace, and should not be available in either private or public employment. Perinatal consultation falls within the bounds of sick leave, and parental leave is already available and should be used during the late stages of pregnancy and after birth.
- i. By way of other related matters, we mention a few issues concerning men, partners, husbands and fathers.  
Men need to take responsibility for children conceived due to their actions. This involves both emotional and financial responsibility.  
Coercion and domestic partner abuse needs to be identified prior to making a decision about abortion, to ensure that the mother involved is not being pressured into it against her will. This includes the situations where a partner may claim that he isn’t ready to be a father. Other cultural influences also need to be recognised.  
In the counselling process, the lack of financial and social support (friends, family, homelessness etc) also should be identified.

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### Conclusion

Although abortion is a controversial topic, the general public is not well informed about recent radical updates such as absence of care for children born alive and access to full-term abortions. The public is also not aware of the atrocities that are covered by the use of ambiguous terms including “reproductive health” and “pregnancy care”. If “reproductive health” is truly to be addressed, the needs of both the mother and the unborn baby must be carefully considered, along with likely health implications of abortion procedures. The risks of both carrying to term and terminating the pregnancy must be effectively communicated to expectant parents, and the mother should not be coerced into having an abortion against her will by either medical professionals or relatives. Our other concerns regarding the radical law changes include: protection of the right to conscientious objection for medical professionals and business owners, and ensuring sex education is age appropriate to reduce the incidence of young people seeking abortions. We would emphasise the importance of providing adequate financial and emotional support to expectant mothers, especially single mothers and those with disabilities, so they have genuine choice in this matter.

### Recommendations

The DLP recommends altering the terms used for abortion to “termination services” and “abortion” in order to be honest about what is really happening. In addition, the inquiry must not expand contraceptive use to areas without adequate access to emergency care. These drugs should have safety data showing the risks and potential health implications of using or misusing them. In supporting pregnant women, they should be fully informed via a brochure, permitted to see an ultrasound image of their unborn baby and they should be fully supported and protected from coercion regarding their choices. Expectant mothers should also have access to adequate financial support throughout the pregnancy and beyond, ensuring that they are able to make real choices. Finally, access to all kinds of reproductive care must be universally available by increasing government support to pregnancy centres that support women through this vulnerable time in their lives.

With regard to the effect on society, the notion of “reproductive leave” otherwise known as “abortion leave” should be dropped. Sex education should be age-appropriate and focus on respect and responsibility rather than promiscuity. Conscientious objectors should be allowed to abstain from abortions and not risk losing their positions as a result of refusing to kill children.