

Women's Business: What is happening with Australian Indigenous women's pregnancy and fertility choices?

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Before we begin...

Acknowledgement

of everyone's knowledge and experience

This conversation:

focuses on better understanding what is currently happening for Australian Indigenous women, as well as for all women, regarding pregnancy and fertility choices

Our overall aim is:

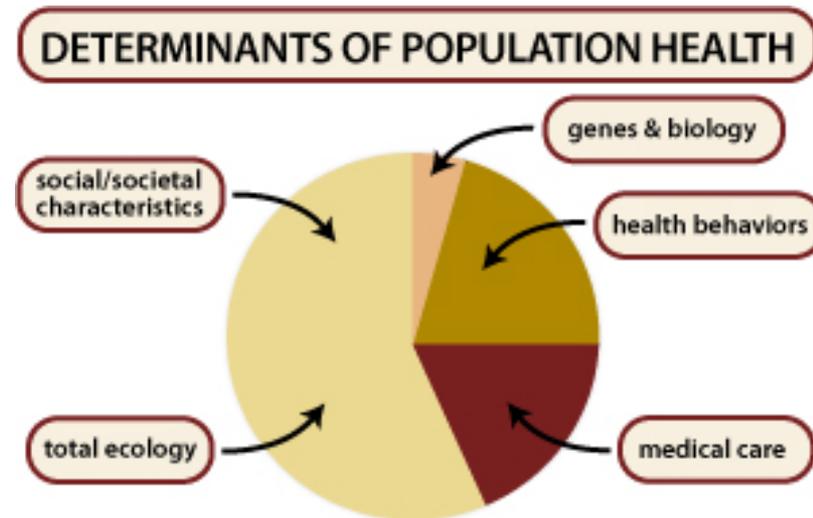
to ensure that Australian Indigenous women have equitable access to affordable and appropriate services and pregnancy choices

Planned Discussion

- Introduction and context of sexual and reproductive health in regional and remote areas of Australia
- Data and gaps
- Supporting women's choices in pregnancy and motherhood
- Advocacy research – patients' journeys

Social and cultural determinants of fertility and pregnancy choices

- Positive policy and governance
- Laws that facilitate health choices
- Trauma, stigmatisation and racism
‘gendered double standard’
- Stable, affordable and appropriate housing
- Education and health literacy- aunties and uncles
- Access and availability of culturally appropriate health services
- Good health of self and sexual partner
- Family history – family norms
- Sexual abuse
- Cultural narratives – preparation for puberty/marriage



What is a public health approach to TOP?

- Removal of legal barriers to TOP and decriminalisation of women and health providers
- Decentralising services and placing them in primary health care
- Accessible and affordable contraception and ECP
- Linkages with counseling, social support, sexual assault, mental health and DV services
- Sexuality education for men and women and children
- Advocacy for structural reforms that discriminate against women



‘Jumping around’: exploring young women’s sexual health in a remote Aboriginal Australian community

Findings reveal that young women in this remote community have a very poor biomedical understanding of sexually transmitted infections and contraception. This is further compounded by not speaking English as a first language, low literacy levels and different beliefs in relation to body functions.

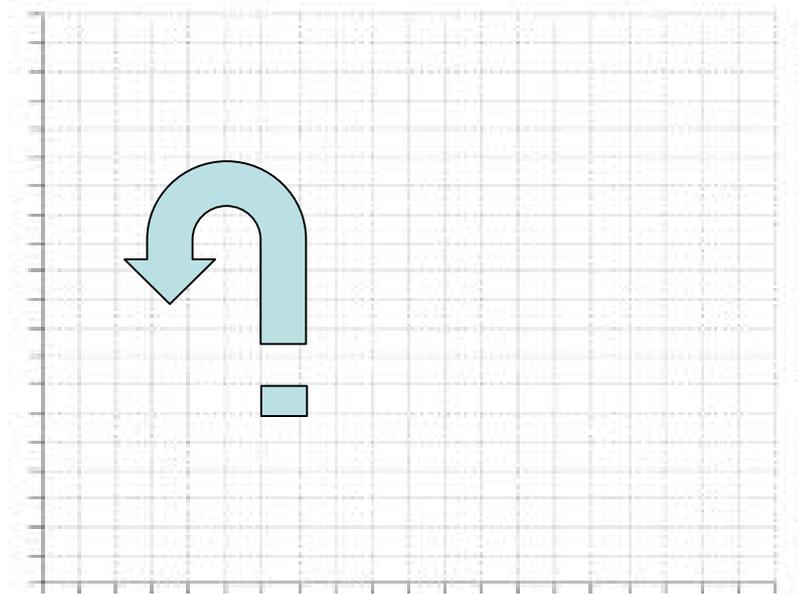
In their sexual relationships, young women often report experiences involving multiple casual partners, marijuana use and violence. Together, the findings contribute to a better understanding of the factors underlying sexual health inequity among young Aboriginal women in Australia.

Preachers, policies and power: the reproductive health of adolescent Aboriginal and Torres Strait Islander peoples in Australia

‘...Aboriginal and Torres strait Islander women have not been given the same opportunities to practice individual autonomy with regard to pregnancy resolution, with government institutions still maintaining a locus of control over decision making.’

- ‘What happens if health providers believe it is ‘culturally appropriate’ for young Aboriginal and Torres Strait Islander women to have children as adolescents?’
- ‘What happens if the health care provider does not feel inclined to provide information to young women about termination options?’

Where is the termination of pregnancy data?



- 1 in 5 Australian women will have an abortion in their lifetime
- 80,000 induced abortions annually
- The highest abortion rates are for women in major cities (19.3 /1,000 women) and lowest for women in very remote areas (6.7/ 1,000)

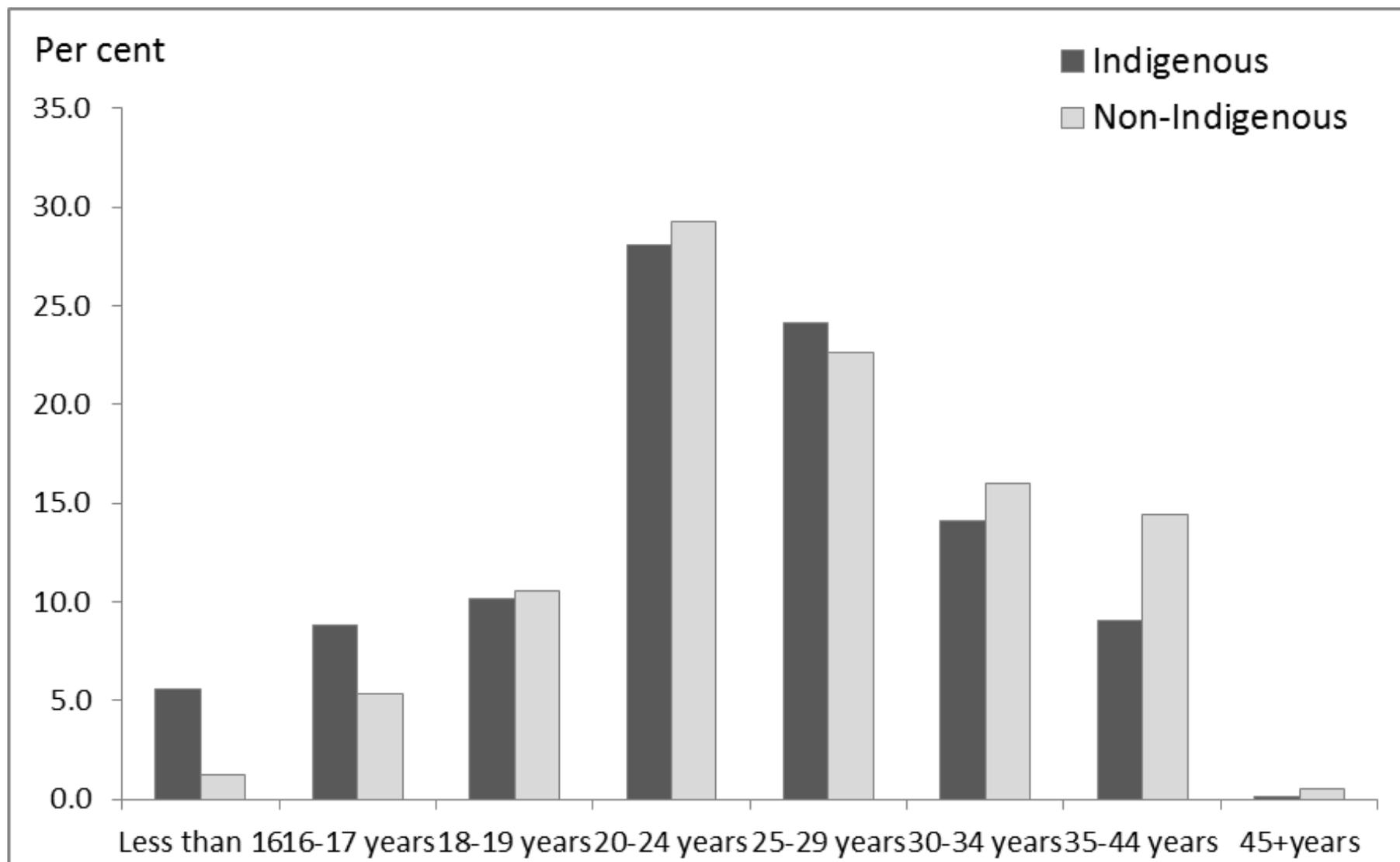
• Source: SA Pregnancy Outcomes Report 2011, Reproductive and Sexual Health in NSW and Australia Family Planning NSW (2011)

Data gaps

It is not possible to:

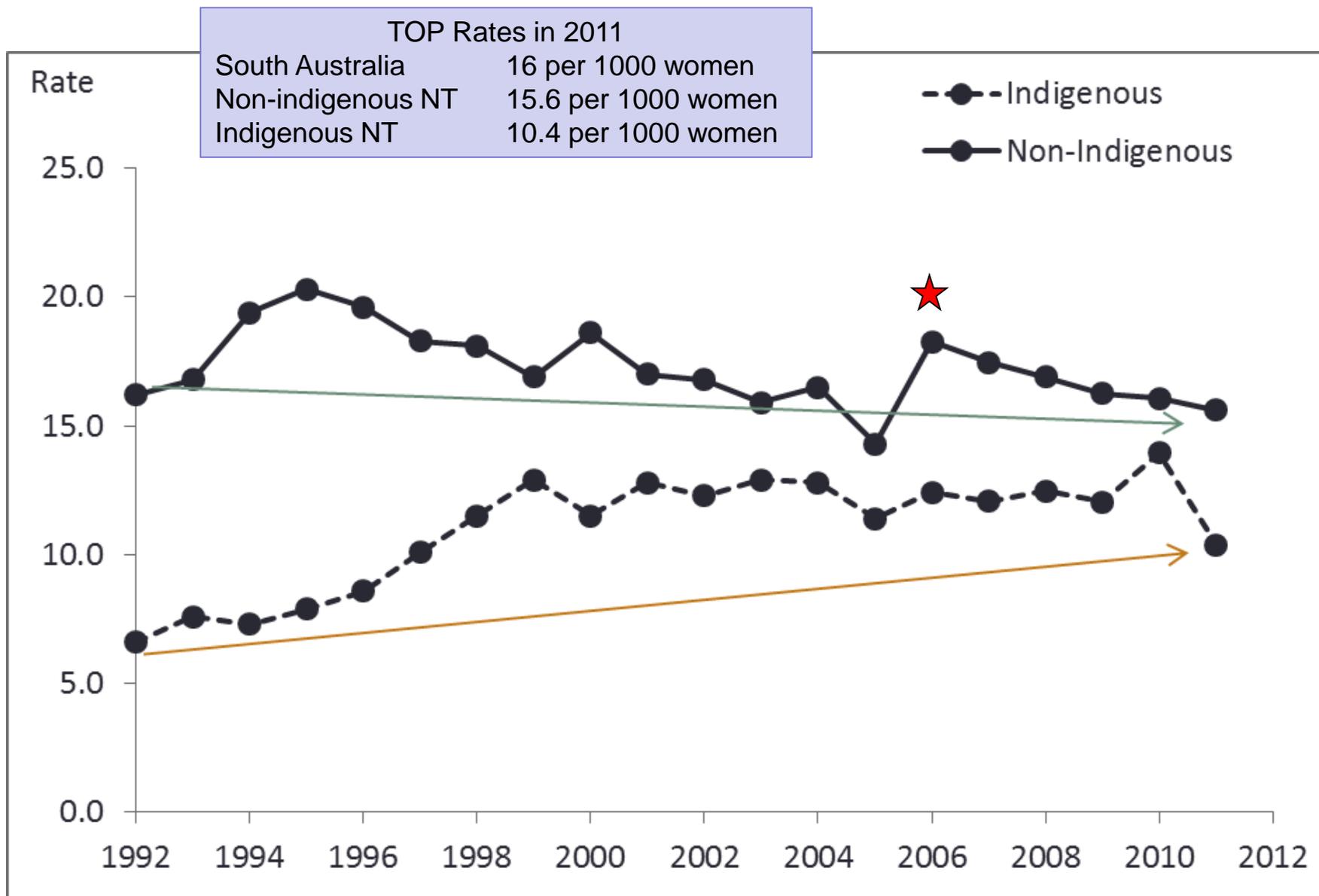
- Accurately count the number of abortions in Australia
- Know the extent of induced abortion among population sub-groups
- Know the socio-demographic characteristics of women
- Know about contraception use at the time of conception
- Know the use of surgical versus medical abortion
- Measure out-of-state procedures
- Know the reasons for abortion
- Connect domestic and sexual violence with abortion

Percentage distribution of surgical terminations by age group and Indigenous status, 2006-2011, NT



- N=5000+

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



Australian age specific fertility rates – births to 15-19 year olds

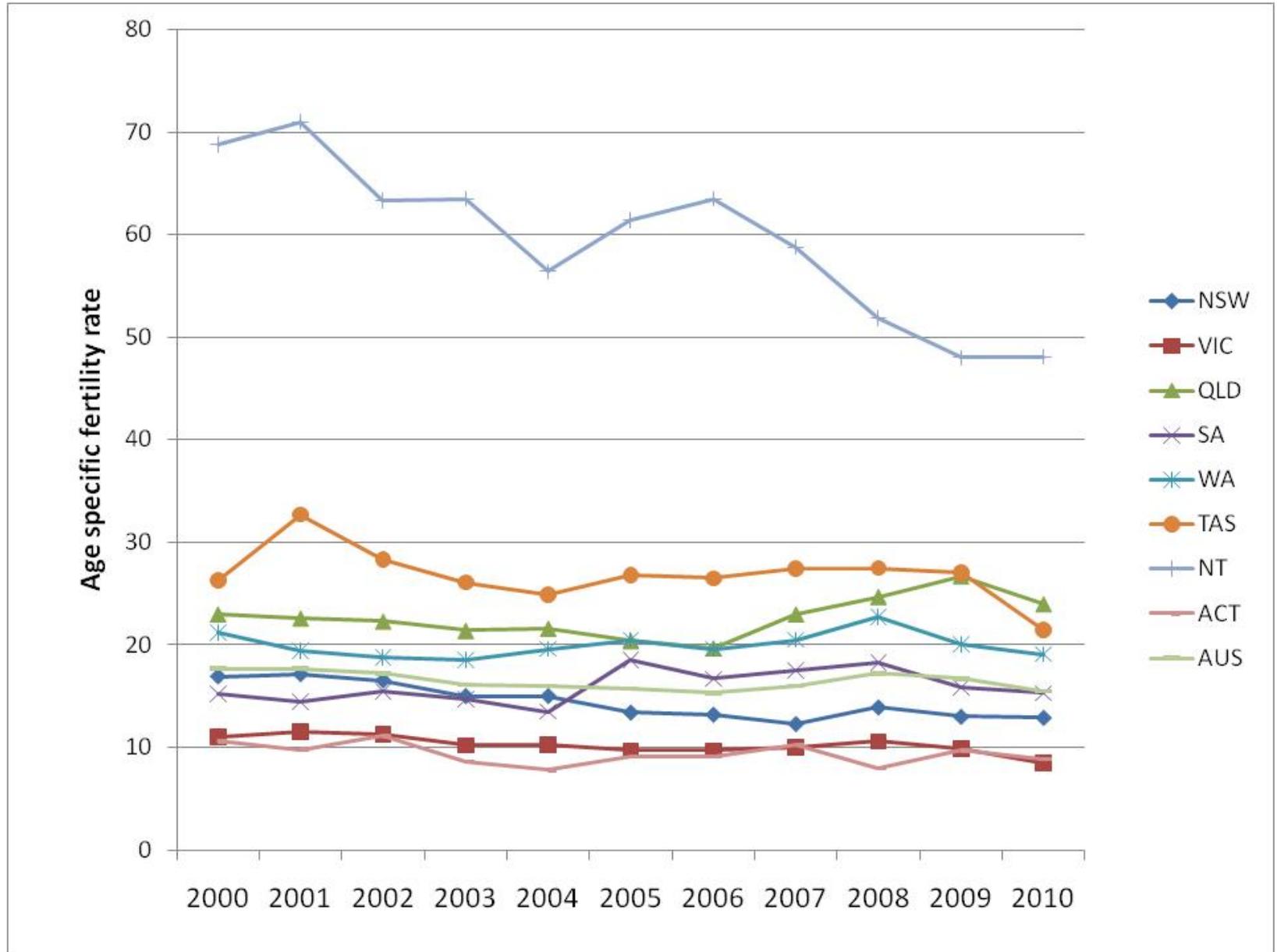
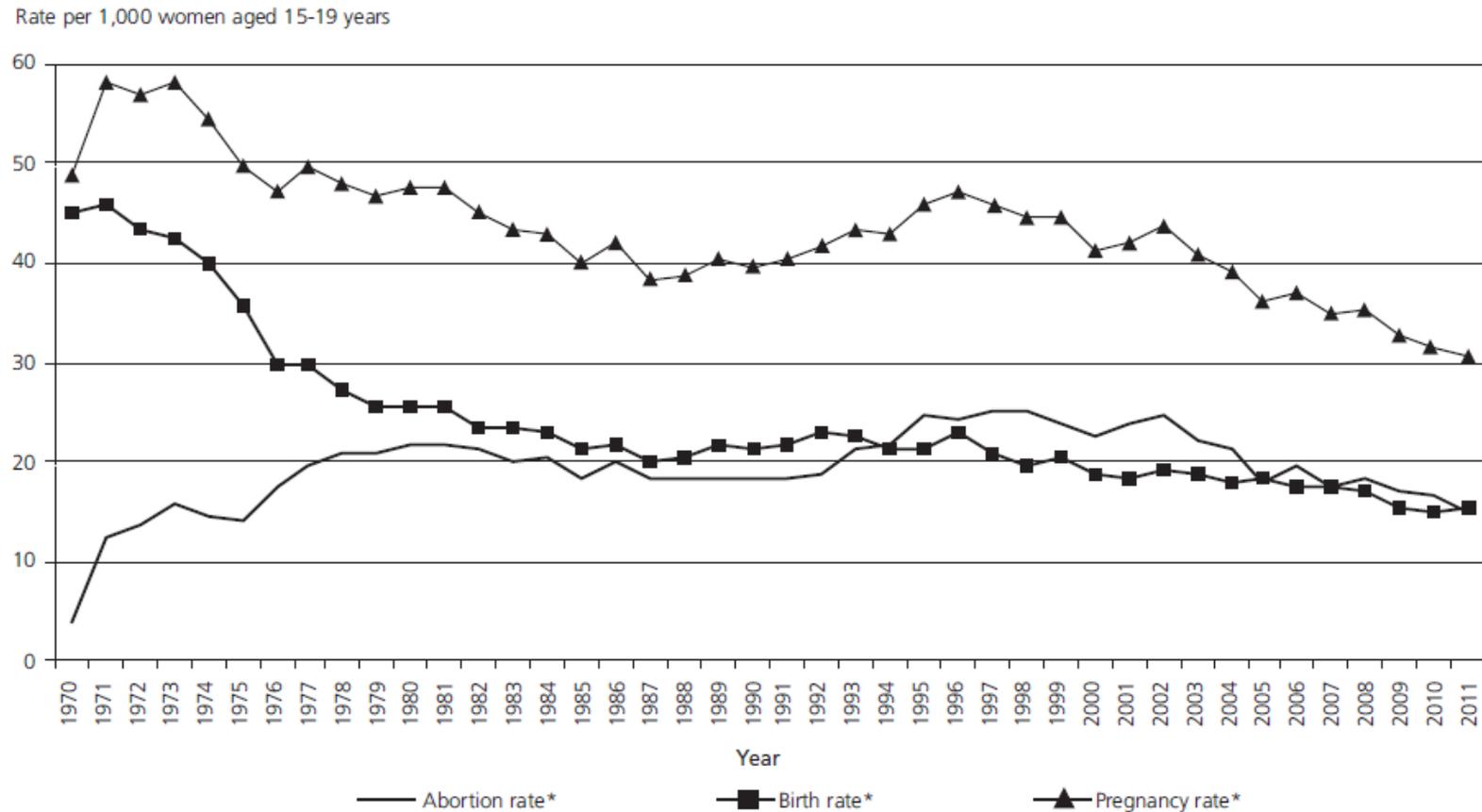


Figure 8b: Teenage pregnancy, termination of pregnancy and birth rates, South Australia, 1970-2011

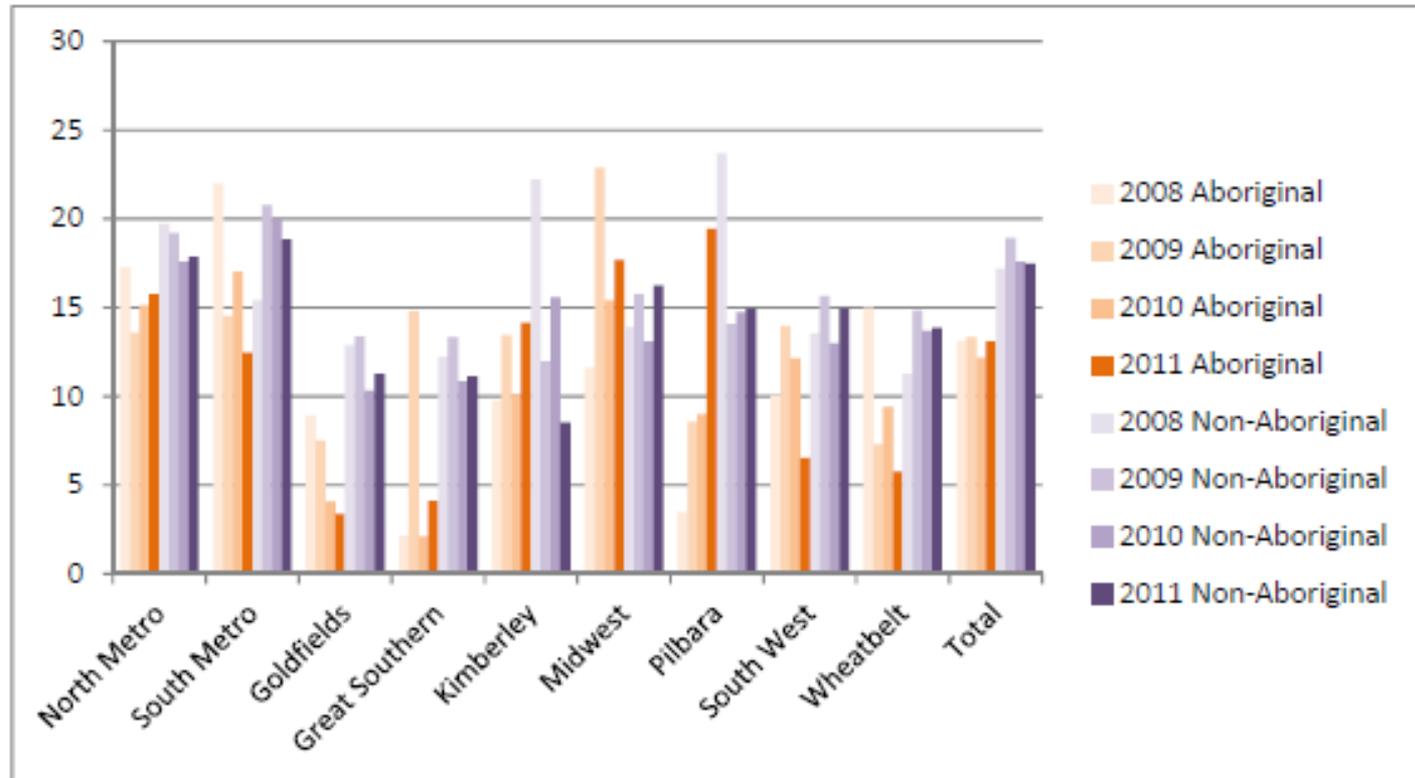


*Abortions and births to women aged less than 15 years are included in the numerator

- The majority of terminations (91.8%) were performed within the first 14 weeks of pregnancy.
- There were 94 terminations performed at 20 weeks gestation or later: 52.1% of these were performed for foetal reasons.

When Abortion Rates were compared for Aboriginal and Non-Aboriginal Women over the period 2008 to 2011 (Figure 9), the Abortion Rates across four years were variable in most regions. For period 2010 to 2011 the Abortion Rate for Aboriginal women increased and for non-Aboriginal women the Abortion Rate decreased.

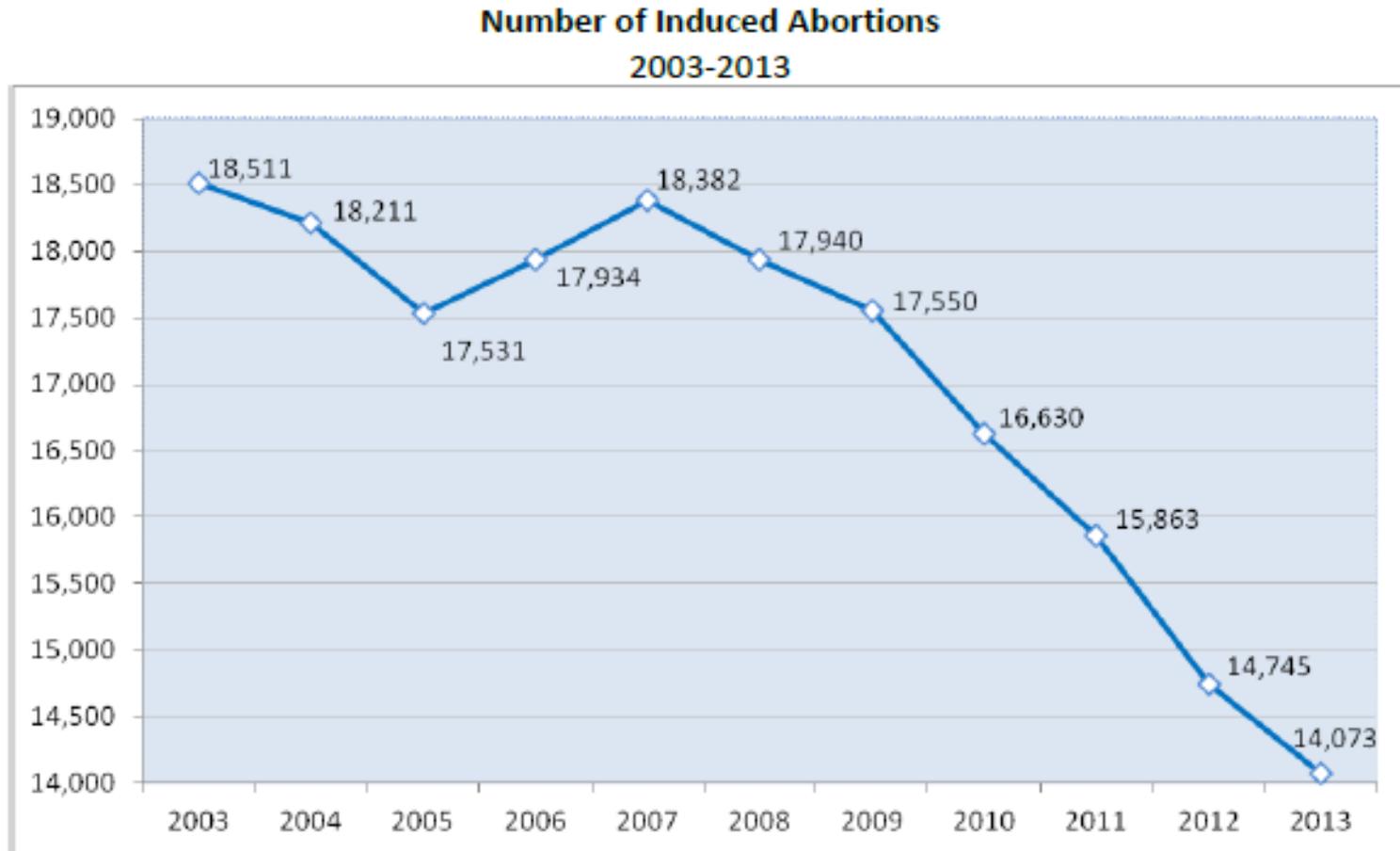
Figure 9: Abortion Rate by Aboriginal Status and Health Region of Residence, 2008-2011



New Zealand – abortion trend

Induced Abortions, Rates and Ratios

Graph 1.1

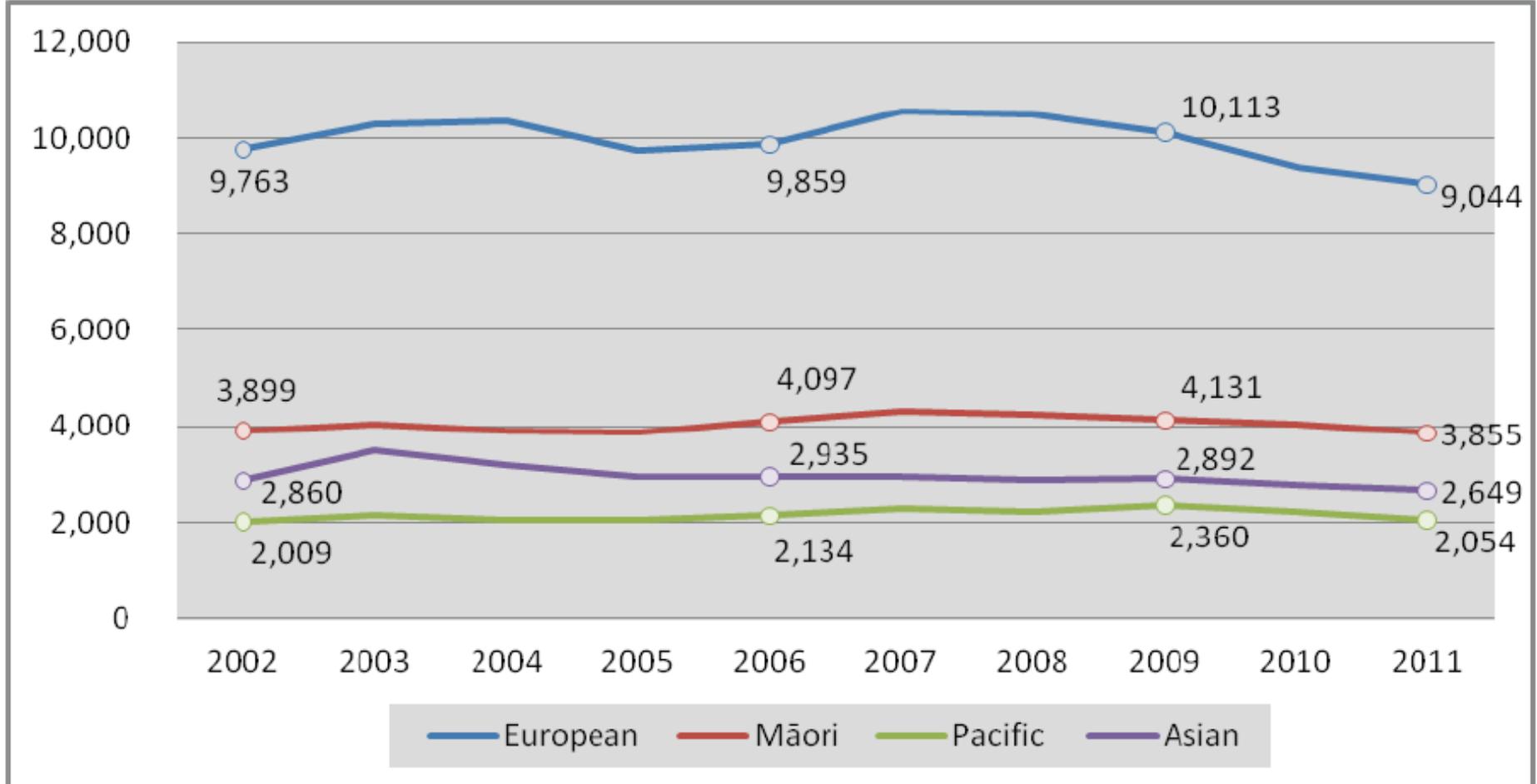


Induced abortions are those initiated with the intention of terminating a pregnancy. No other form of pregnancy loss is called induced abortion, even if an external cause is involved such as injury or high fever.

New Zealand

Graph 6.2

Number of Abortions by Ethnic Group (Trend) 2002-2011



Source: Report of the Abortion Supervisory Committee 2012, New Zealand Government

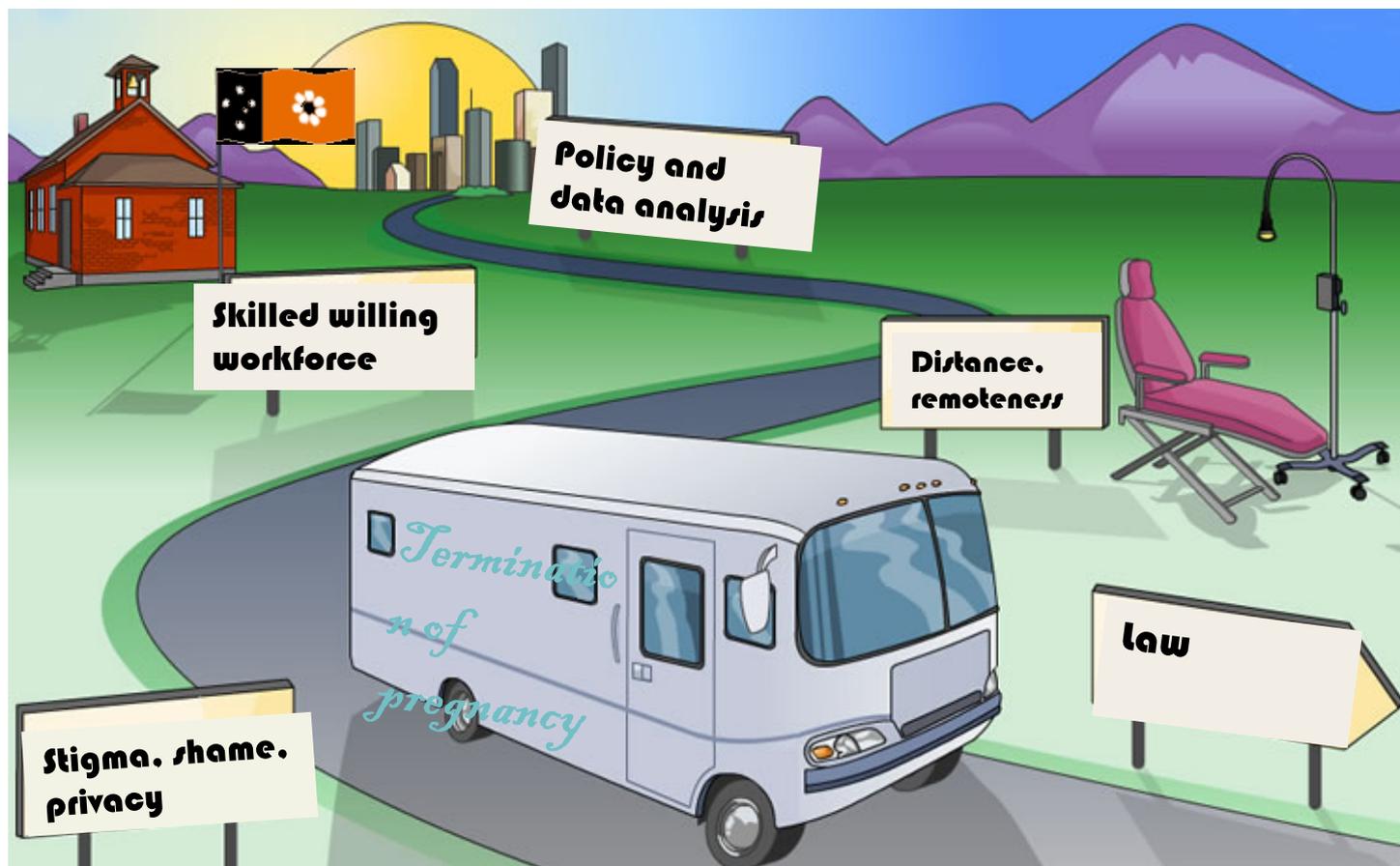
How do we compare internationally?

Table 6.5: Rates of abortion for 2003 in developed countries where reporting is relatively complete

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

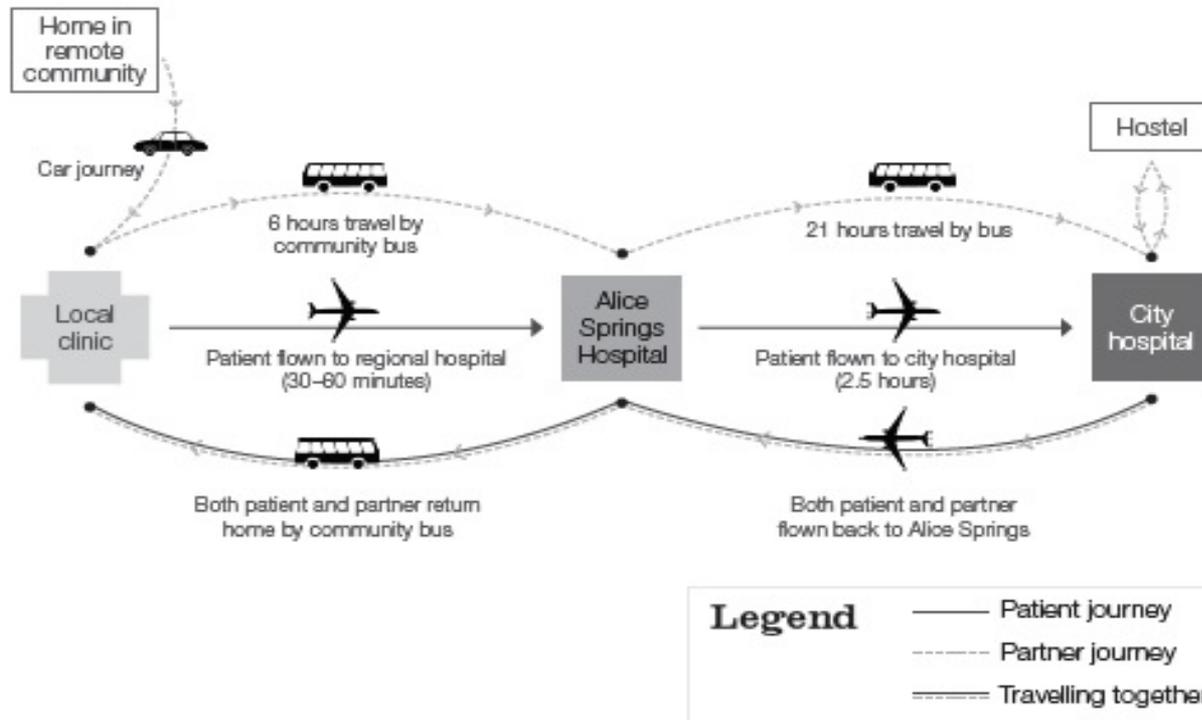
Note: International comparisons of abortion data should be interpreted cautiously as abortion data collection methods, definitions and completeness vary. Australia may have more complete abortion reporting than some of the countries included in this table (e.g. the United States) and some international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

Source: Sedgh *et al.* 2007. Legal abortion worldwide: incidence and recent trends. *International Family Planning Perspectives* 2007, 33 (3): 106–116.



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Example: Physical Access



Conundrums

- Is this data of interest to Indigenous people?
- Should this topic be explored further?
- What types of information are needed and from which people?
- How can we ensure that fertility management and options are culturally appropriate?

Summary

- Australia has relatively high rates of teenage birth and abortion compared to other developed countries
- The Australian trend is towards reduced unwanted and unplanned pregnancy
- Sexuality and reproductive health education, access to contraception and abortion reduce unwanted parenthood and provide women (and men) with freedoms to pursue other life opportunities and focus on established family
- Rural, regional living women have limited access to reproductive and TOP services
- Very little research includes Indigenous women – TOP data especially needs to be interpreted by Indigenous women and produced with their recommendations for health services.

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