



National Women's
Equality Alliance

POLICY
POSITION:
**INCREASE ACCESS
TO AFFORDABLE
REPRODUCTIVE
HEALTHCARE**

Proudly led by YWCA Canberra, the Working with Women Alliance (WwWA) is one of the five National Women's Alliances that play a key role in ensuring women's voices are central in the policy development process by providing evidence-based, intersectional gender equality advice and civil society expertise to government on areas of most impact and influence to Working for Women: A Strategy for Gender Equality.

The National Women's Equality Alliance is a portfolio under the WwWA that champions the vision of a society where every woman has the opportunity to thrive, unencumbered by systemic barriers.

POLICY STATEMENT: INCREASE ACCESS TO AFFORDABLE REPRODUCTIVE HEALTHCARE

Executive Summary

Gender inequality has far-reaching and lifelong consequences, shaping the economic security, safety, and well-being of people across Australia.

One in three Australians hold a negative bias about women's ability to participate fully economically, politically or in education. These biases shape how women move through the world and mean that many are at serious risk of violence, housing insecurity and poverty.

This policy position statement highlights the urgent need for policies that prioritise women's economic equality. By ensuring access to secure employment, fair wages, financial independence, and adequate care services, Australia can create pathways to long-term safety, stability, and equality for all.

Key Recommendations

Increase access to affordable reproductive healthcare:

1. Ensure universal free access to contraception.
2. Improve and secure access to reproductive healthcare.
3. Support reproductive leave as a universal entitlement.



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Access to quality healthcare is a human right

Systemic gender bias in healthcare continues to shape women's quality of life, economic security and health. For example, one in four women have chosen not to discuss menopause symptoms with their doctor because they didn't think anything could be done. [i] Abortion care is only included in the curriculum of half of Australia's medical schools and is often non-compulsory.[ii] Three in five women report that costs limit their contraceptive choices.[iii] More than half of women report that their mental and emotional health is impacted by barriers to accessing contraception.[iv]

Women and gender-diverse people experience debilitating reproductive conditions that impact their ability to participate in the workforce and maintain economic security and independence. For people living with endometriosis, polycystic ovarian syndrome (PCOS), persistent pelvic pain (PPP), pre-menstrual dysphoric disorder (PMDD), or menopause, seeking healthcare is expensive. The impact of reproductive health issues is amplified for marginalised demographics who already experience discrimination and consequentially, poorer health outcomes.

Long-acting reversible contraception (LARC) and intrauterine devices (IUDs) are the most effective forms of contraception, particularly for managing health conditions such as endometriosis, menopause, and PCOS.[v] Insertion of these devices can cost more than \$500, with additional fees for pre-screening and post-procedure appointments. If general anaesthesia is used, costs increase to more than \$900.[vi]

Economic inequality is further amplified when pain or symptoms of reproductive health issues interrupt people's ability to work. For example, two in five middle-aged women in Australia experiencing symptoms of menopause are forced to take extended leave from work.[vii] Nearly half of women who experience pelvic pain require time off work to manage their pain.[viii] One in three women with endometriosis have had to change jobs, with many forced to forgo promotions or switch careers due to their symptoms. Women who experience severe menstrual pain lose approximately nine days of productivity a year. [ix]

For people in regional and rural areas, healthcare, particularly abortions, are expensive and inaccessible. Overcrowding of local services and long wait times can mean the difference between low-cost medical abortions and high-cost surgical abortions. In remote areas, conscientious objectors can result in delayed access to services, or significant additional costs for travel.

The National Women's Health Strategy outlines key health issues facing women and girls and the importance of investing in awareness and education, health interventions, service delivery and research. However, the success of the strategy is compromised without an actionable, measurable plan to generate better reproductive health outcomes. The 2025 commitments to women's healthcare investment provides much needed funding for reproductive healthcare and PBS listings of essential treatments.[x] However, the reality is that women's reproductive health has long been neglected and reform in this policy area should remain key priority.

Ensure universal free access to contraception

IUDs and LARCs are highly effective as contraceptives and for treating reproductive health conditions. The women's healthcare investment takes important steps towards achieving universal access by increasing Medicare payments to doctors and nurse practitioners for IUD and implant procedures.[xi] However, comprehensive coverage must also include all aspects of the process, including anaesthesia and pre- and post- procedure screenings. The Australian Government should also continue to expand the PBS listing to include more contraceptive options, improving accessibility and affordability for all.

- Improve and secure access to reproductive healthcare for marginalised people, particularly in rural and remote areas.

The expansion of endometriosis and pelvic pain clinics and increased support for menopause and perimenopause is welcome, along with the new Medicare rebates for menopause health assessments, designed to help women experiencing menopause and perimenopause get appropriate care.

Abortion is a healthcare service that is time-sensitive, and immediate accessibility and affordability are imperative. More funding is needed to support public abortion services, with a priority for regional and remote clinics. Additionally, reform of treatment guidelines is needed to ensure national service consistency and allow provision of medical abortions by nurses, midwives and Aboriginal and/or Torres Strait Islander healthcare workers. The Australian Government should uphold its commitment of \$25.1 million to establish eight centres of training excellence to strengthen healthcare professionals' skills and confidence in providing care. Women's health modules should also be made compulsory for medical degrees, including units in reproductive health conditions, menopause and abortion. This education should spotlight demographics that are marginalised and who are more likely to experience poor health. This will ensure all doctors are able to diagnose, treat and support women and gender-diverse people requiring care.

Support reproductive leave as a universal entitlement

The Health Services Union predicts reproductive leave would cost \$920 million annually – a fraction of the \$26.55 billion a year spent on lost productivity.[xii] Reproductive leave would cover IVF, severe menstrual pain, endometriosis, vasectomies, menopause, gender transitioning therapies and abortion, among other health issues. Universal access to this leave would result in greater economic stability for women, and allow them to treat painful, sometimes debilitating conditions without leaving the workforce.



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