

National Women's Health Conference

May 8-10, 2013

How far have we come ? A qualitative study
finds layers of barriers to access terminations in
rural NSW

Dr Frances Doran:

Senior Lecturer, Southern Cross University

Ms Julie Hornibrook

Chair, Council of Women, Lismore and District Women's Health
Centre Inc.



Background to research

- Lismore and District Women's Health Centre Inc. (LDWHC) local, rural, non-government community based women's health centre. N. NSW
- Both authors on Council of Women
- Provides no interest loans to support women seeking access to termination services
- Not funded for this – fundraises
- 2006/2007 – we lent \$6,515 to 23 women
- 2007/2008 – we lent \$7,040 to 25 women
- 2008/2009 – we lent \$8,290 to 27 women
- 2009/2010 – we lent \$11,360 to 33 women
- 2010/2011 – we lent \$11,320 to 30 women
- 2011/2012 - we lent \$12,990 to 28 women

Research project

- We started talking ...Advisory Group.. layers of barriers... how far had we come?
- Decisions women make around pregnancy impacted by availability, accessibility, affordability of services and prevailing social attitudes.
- The role of feminist services within this broader context
- Ethics approval ✓
 - Stage 1: Support provided by rural NGO WHC's
 - Stage 2: Rural women's experiences

Context

- Policy context
- Legal context
- Numbers context
- Community attitudes context
- Access context
- Feminist advocacy context

Policy Context

- Access to RU486 – recommended to be on PBS
- Potentially reduce cost from up to \$500 to \$12 – 40
- Increase availability; accessibility
- Reserved excitement
 - GP's prescribe - willingness
 - Clinical Protocols need to be developed for small % women who need post termination f/up at hospital (for D&C) – so they don't have to jump through hoops

Legal context

- Abortion is technically still illegal in most Australian states and territories (but few Australians aware of this)
- Located within criminal codes
- Laws regulating abortion are confusing and inconsistent
- Impact / benefits of decriminalisation
 - ⬇ confusion, fear, shame
 - Improved planning & quality of services
 - Improved & more equitable access earlier in pregnancy
 - Improved public sector services
 - Improve national data collection

Community context - attitudes ✓

- Majority of Australian population and GPs agree that all women should have the right to choose whether or not she has an abortion
- Women should be able to readily access abortion services
- Support has remained steady rather than wanting further restrictions
- GP's also support women should have access to abortions

Numbers context

- No complete national statistics on abortion in Australia
- Current methods of quantifying national abortion data inadequate
- Only in SA and WA does legislation require the reporting of every abortion performed
- Stats vary - 1: 3 to 1: 5 will have ToP in her lifetime
- Australia – rate is 19.7 : 1000 women aged 15-44 yrs (higher than countries where abortion is easier to access)
- Approx. 80,000 women access termination services/year
- Nearly all preformed trimester 1
- Most in non hospital facilities – private clinics

Access context for rural women

- Attitudes / confidentiality
- Services outside of geographical area
- Travel / distance to access
- Young people over-represented travel inter-state
- Cost – travel, accommodation, time away from home, child care ; Can contribute to poor continuity of care / follow up
- Confusing laws
- Further impacted for women on low incomes

The feminist context: Australian Women's Health Network 2012 Position paper

Recommendations to Govt policy

- Action 16abortion be decriminalised through law reform in those States where abortion still forms part of the criminal code.
- **Action 18: federal, state and territory governments address inequities in abortion service delivery to ensure women living in regional, rural and remote areas have timely access to affordable services.**

Research project

How far have we come ? A qualitative study finds layers of barriers to access terminations in rural NSW

Aim of research: explore rural women's access to termination services and the role of non-government community based women's health centres in supporting women who seek access to termination services

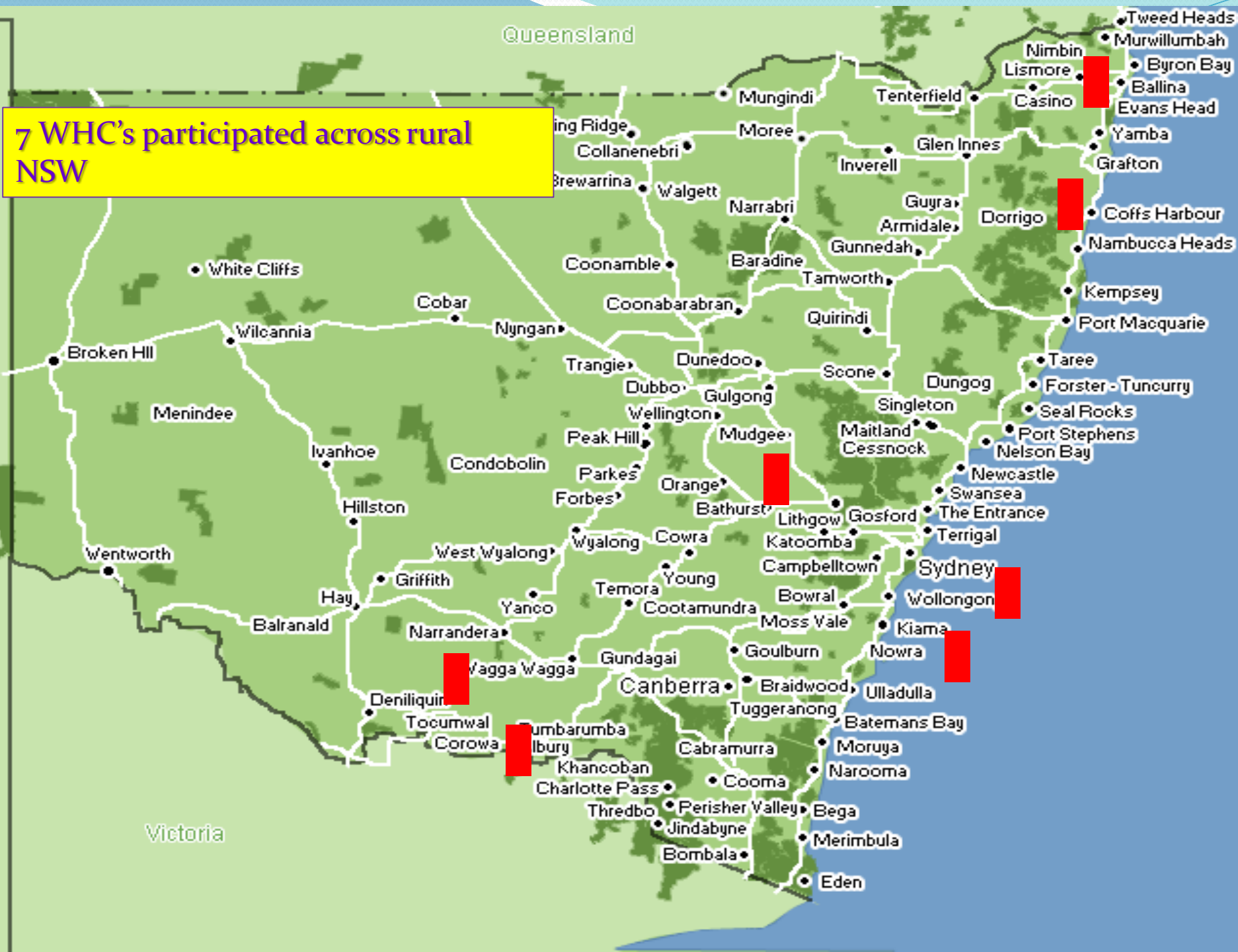
Stage 1: Rural Women's Health Centres in NSW (feminist NSW Women's Health Peak Body)

7 WHC's interviewed ☎ - manager/ nurse – interviews March/ April, 2013

- ❖ Number of women seeking information re TOP's
- ❖ Types of support provided to support women seeking terminations,
- ❖ Gaps in service provision and delivery
- ❖ Access issues women experience in the process of seeking a termination and follow-up care

South
Australia

7 WHC's participated across rural NSW



Queensland

Victoria

Number of women who access WHC for information / support for termination

- Varies across services
- Difficulties in data collection – some data not separated out
- Services offered differ (WHN, Counselling, Pregnancy testing Doctor, Information)
Varies from 1 client / week to 5 -10 ToPs/ year
- Nurse appointments 20 – 51 / year
- Phone info: 84 – 158 / year

Types of support provided to support women seeking terminations

- Information, referral, advocacy
- Few provide \$ assistance
- Counselling & f/up
- Practical information - location, cost, support, driving, follow-up appointments, demystifying
“conservative local media....that sort of thing could be a bomb”
“we can advise them where to go without running the gauntlet”
- Some centres are able to negotiate for ↓ cost
- ? Transport – rely on volunteer drivers

Access issues seeking ToP + follow-up

- Protesters
- Privacy
- AFFORDABILITY
- Travel
- Timing – narrow window - → ↑ costs
- Getting in to services
- Misinformation and false advertising
- Shame factor
- F/up – depends on travel / local support

Gaps in service provision

- Most rural women have to travel
- Private / few public services (feedback private +ve)
- More rural - more marginalised / ↓ access (Nowra – further south worse off you are)
- Lack of \$ support / travel assistance – no free service
- WHC's do advocate for reduced price
- Lack of integrated holistic services
- Cultural barriers for Aboriginal women, refugee women
- The most disadvantaged experience the most disadvantage

Stage 2: Individual women – interviews

LOW RISK

Participants needed

Explore women's experiences in the rural/ regional areas of NSW who have sought access to termination services

- ◆ barriers and facilitators to accessing services and follow-up care;
- ◆ ways NGO support women to access services
- ◆ perceived gaps in care

How far have we come?

Small snapshot within a broader social, legal, political, health sector, feminist

Findings of this qualitative study indicate there continue to be layers of barriers to access terminations in northern NSW

Thanks to Advisory Group and WHC's

Frances.doran@scu.edu.au 0403 422 476
Julie Hornibrook - hornetbiz@gmail.com

