Why a Universal Access to Contraception Policy?

Universal access to contraception recognises that contraception is fundamental to empowering women and gender-diverse people to plan pregnancies, manage their health, receive an education, work productively and thrive in all aspects of life.

Universal access to contraception is a human right (UN General Assembly, 1966) and fundamental in achieving the Sustainable Development Goals of Good Health and Well-being and Gender Equality (Target 3.7 and Target 5.6) (United Nations, 2022; United Nations, 2022).

Universal access not only improves social and economic outcomes for uterus owners and their families but also saves taxpayer money through avoided healthcare costs (Botfield et al., 2020).

Providing free contraception is not a new concept. An Australian policy would follow many international models (e.g. the United Kingdom, Belgium, and France etc.) some of which have been providing free contraception for **over 50 years** (French, 2018). Each of these models recognises that fundamentally cost should not impact a person's choice of contraception.

Promoting gender equality

- Currently, women and gender-diverse people bear the brunt of the contraceptive burden physically, mentally, emotionally, and economically.
- SHARE's survey identified that for over half of all respondents, their mental and emotional health was negatively impacted by barriers to accessing contraception (SHARE, 2024).
- High costs of contraception mean that uterus owners from marginalised groups (e.g. First Nations, disabled, migrant, culturally and linguistically diverse, low socio-economic, regional and remote, and Queer people) are disproportionately impacted and possess poorer health outcomes. Our survey identified that of 13.1% of respondents who had not used contraception in the last six months, over two in five cited costs as a primary reason (SHARE, 2024).
- Choice is not universal with uterus owners often being restricted to using contraceptives with adverse side effects such as mood changes, irregular bleeding, nausea, headaches, tender breasts, skin changes, weight gain etc (Chrysanthos, 2023). Three in five survey respondents reported that the cost of contraception limited their contraceptive choices (SHARE, 2024).
- Many uterus owners unable to afford their preferred contraception struggle to manage their fertility and health conditions such as endometriosis, PCOS, and menopause. Nearly one in four respondents could not afford their preferred contraceptive method (SHARE, 2024).
- The cost of contraception was also used as a means and excuse of control with one respondent mentioning how an ex-partner had pressured them into buying a progesterone-only pill as it was cheaper for him than condoms since he wouldn't be buying them (SHARE, 2024).
- Universal access to contraception enshrines autonomy over sexual and reproductive health planning and removes costs as a barrier to ensure that uterus owners can choose the best contraceptive choice for their physical health, mental health, and lifestyle as well as reducing gender-based violence (Mundkur et al., 2020).

Improving economic outcomes

- Increasing access to contraception improves women and gender-diverse people's educational attainment, participation in the workforce, career outcomes, and earnings reducing the wage gap and alleviating poverty (Bernstein & Jones, 2019).
- Legislating universal access to contraception will also save taxpayers money. For instance, in Finland where contraception is free under 25 years old in certain regions teenage abortions fell 66% from 2000 to 2023 (Kauranen, 2024).

- In Australia, if 14.8% of women and gender-diverse people at risk of pregnancy adopted LARCs when they were previously using no form of contraception the Australian Government would save $20 million over five years from avoided abortions and miscarriages (Botfield et al., 2020).

SHARE recommends

- **Alleviating financial burden for patients**
  - Provide free contraception of all forms (e.g. condoms (internal condoms), dental dams, OCP (including emergency/daily contraceptives), LARC (especially copper IUDs), vaginal rings, contraceptive injections, vasectomies, tubal ligation, and hysterectomies), to all people in Australia (including non-Medicare card holders).
  - Bulk bill sexual and reproductive health appointments by developing specific Medicare Benefits Schedule (MBS) Item numbers for sexual and reproductive health-related appointments as part of the existing gender-responsive review of Medicare funding and ensuring that these and existing item numbers cover the costs of providing services (e.g. contraception scripts, initial consultations, LARC insertions, contraceptive injections, follow-up consultations, consultations for complex sexual and reproductive health conditions, and ultrasounds when needed). Thus, guaranteeing there is no gap fee for appointments.
  - Provide appropriate remuneration for the workforce to provide contraceptive services to cover the difference so that there are no insertion fees for patients.
- **Increasing the capability of the health workforce to improve accessibility**
  - Provide greater incentives and funding for GPs, nurses, and nurse practitioners to undertake LARC insertion/removal training (especially in regional and rural areas).
  - Expand the pilot program nationally to enable trained pharmacists to resupply oral contraceptive pills and the contraceptive ring without a prescription.
- **Education at all levels**
  - Develop coordinated public health education campaigns for the general public and health professionals on contraception and reproductive coercion and abuse to improve health literacy.
  - Increase the comprehensiveness and inclusiveness of sexual and reproductive health education in high schools with students of all genders including the different types of contraception.

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