



Prevention in Practice Example

Cost of Contraceptives Campaign by Sexual Health Advocates for Reproductive Equity (SHARE)

Sexual Health Advocates for Reproductive Equity (SHARE) is a youth-led, non-partisan campaign fighting to make everyone's contraceptive of choice free in Australia, and available to all. It is a powerful movement of diverse young people with lived experience working to increase access to sexual and reproductive health care in Australia and enshrine universal access to sexual and reproductive health care as a human right. SHARE's goal is to convince decision-makers and demonstrate how cost (including the worsening cost of living crisis) is impacting people's ability to access their contraception of choice reliably.

What is the context?

SHARE was formed to address the significant financial barriers preventing access to contraception in Australia. The **high cost of contraceptives** prevents individuals from accessing their preferred method¹ forcing them to use options with **adverse side effects**² or no contraceptive at all. The **cost-of-living crisis** has exacerbated this issue, with many people having to choose between essential items like food and contraception.³ This situation disproportionately affects **marginalised groups**, including First Nations people, people with disabilities, migrants, refugees, and those in low socioeconomic, regional, and remote areas.⁴ SHARE developed a survey and preliminary report based on it to support **women's (including gender diverse people's) health and well-being** by advocating for **universal access to free contraception**, which would allow individuals to manage their reproductive health, prevent unintended pregnancies, and alleviate the financial burden of contraceptive costs. It highlights the **importance of bodily autonomy** and how financial barriers contribute to poor health outcomes and social inequities.

SHARE's work directly relates to **health and gender equity** by recognising that contraception is a **human right** and that the **financial burden of contraceptives disproportionately affects women and gender-diverse people**. Women currently bear the **economic, physical, and mental burden** of contraception⁵ while access remains **limited for priority populations** such as First Nations, disabled, culturally and linguistically diverse (CALD), LGBTIQ+ individuals, and those in rural or remote areas.⁶ Additionally, our Cost of Contraceptive Report promotes **gender-responsive policies**, recommending that the government **bulk-bill sexual and reproductive health appointments**, improve access to **long-acting reversible contraceptives (LARCs)**, and **expand professional training** to ensure health care providers can meet diverse needs.





How was it developed and how is it gender-responsive?

SHARE is a grassroots organisation that was developed through a profound, shared interest in **universal access to reproductive health care**. As young women and gender diverse people of various backgrounds, activists found common ground in the barriers faced in accessing **inclusive and affordable** reproductive health care.

Lead campaigner **Angelina Inthavong** spearheaded the project by gathering like-minded youth advocates who were interested in policy and sexual and reproductive health and rights (SRHR). They talked to friends, youth activists, NGOs and other people in their networks to gauge how the **cost-of-living crisis** post-pandemic was impacting access to reproductive health care. They centred **lived experience** and recruited members with a variety of professional experiences and capacities, as everyone would be **volunteering** their time and efforts.

SHARE explicitly centres gender as a key factor by acknowledging that contraceptive responsibility falls primarily on women and gender-diverse people. Their research and advocacy addresses **gendered financial burdens** and highlights how societal expectations often place the cost of contraception on uterus owners rather than promoting **shared responsibility**. Recommendations also call for greater inclusion of **male contraceptive options** and **expand discussions on reproductive coercion**, recognising how financial barriers can be used as a tool of **control in relationships**. **Gender-diverse communities** have a voice in SHARE's activism, promoting access beyond the traditional binary and cisgender framework.

SHARE is also led by young women and gender-diverse people around Australia, and centring their intersectional lived experiences and socio-economic circumstances has been a focus of the campaign. The campaign is **culturally responsive** and **trauma-informed**, recognising that certain communities face **unique reproductive health barriers** due to historical discrimination and ongoing systemic inequality. It acknowledges that **colonisation has contributed to reproductive control and forced sterilisation of First Nations people**.

What were the results?

1. Increased evidence led by young people

275 respondents completed the Cost of Contraceptives Survey. The **majority of participants were recruited through social media**, ensuring a diverse sample across ages, locations, cultural backgrounds, sexual orientations, and disability statuses. The survey responses revealed key barriers:

- 14.9% of those not using contraception cited cost as the primary reason
- 61.6% reported that cost limited their contraceptive choices
- 25.7% could not afford their preferred contraceptive method
- 39.4% adjusted their contraceptive use due to cost
- 51.8% said financial barriers negatively impacted their mental and emotional health.



SHARE also developed a report based on preliminary results, the Cost of Contraceptives Preliminary Survey Report. The report draws on international case studies (for example, the UK, France, Ireland, and Finland) where free contraception policies have led to positive public health outcomes such as reduced unintended pregnancies.⁷ This global evidence supported recommendations for universal contraception access in Australia.

Recommendations prioritised:

- free contraception for all, including non-Medicare card holders
- workforce training to provide gender-responsive care, especially in rural and remote areas
- culturally inclusive sexual and reproductive health education.

Additionally, the **policy proposal recognised economic disparities** and the **impact of the cost-of-living crisis** on contraception access, ensuring that financial accessibility is central to the solution. This report was presented to federal parliamentarians during Sexual Health Month in September 2024 which increased the knowledge of the campaign with parliamentarians.

2. Contribution to advocacy wins

SHARE's advocacy and campaigning with parliamentarians, alongside many other groups, contributed to the 2025 Federal Budget announcement of \$792.9 million of funding for women's health, including increased access to contraception. Together the groups were able to increase the number of oral contraceptives included on the Pharmaceutical Benefits Scheme (PBS). This saw Yaz, Yasmin and Slinda as the first contraceptive pills added to the PBS in 30 years. By recommending free contraception for all and ensuring gender-responsive and intersectional approaches, our initiative promotes health equity, gender equality, and reproductive rights in Australia.

What would support youth advocacy in future?

As a grassroots campaign led by young women and gender diverse people, our biggest hurdle has been being unable to remunerate members for their time. Governments, organisations and allies such as parliamentarians and people with influence can support youth advocacy groups like SHARE and help them grow by:

- supporting grant applications and providing funding grants
- remunerating youth activists when they work with or for other organisations
- promoting work (for example, in social media) to help expand their reach and gain access to a larger audience
- facilitating opportunities and including young people in relevant conversations that they might otherwise be shut off from
- sharing resources and advice on how to build and sustain a campaign.



What systemic changes would improve access to reproductive health care?

Supporting and implementing recommendations following the Cost of Contraceptives Report:

1. Government action and policy reform:
 - Establish a **National Special Interest Fund for Universal Access to Contraceptives**, as the report recommends.
 - Integrate **universal contraceptive access** into **Australia's National Women's Health Strategy 2020–2030** to ensure long-term policy commitment.
 - Mandate **bulk-billing of all sexual and reproductive health services** by creating **specific Medicare Benefits Schedule (MBS) items** for contraception-related consultations, LARC insertions, and follow-up care.
 - Remove **barriers for non-Medicare card holders**, ensuring equitable access for **migrants, refugees, and international students** who are not eligible for Medicare.
2. Legislative and regulatory reforms:
 - **Legislate free over-the-counter access to emergency contraception** to ensure no-cost, stigma-free availability.
 - Remove **cost disparities** by expanding and including more contraceptive options under the **Pharmaceutical Benefits Scheme (PBS)**.
3. Health care workforce training:
 - **Increasing GPs, nurses, midwives, and pharmacists** to undertake **LARC insertion/removal training**, prioritising **regional and rural areas** where access is limited.
 - Ensure health care workers receive training in gender-responsive and trauma-informed care, particularly regarding reproductive coercion and intersectional health barriers faced by people.
 - Provide **financial incentives for health care professionals** to specialise in **sexual and reproductive health care**, especially in **underserved communities**.
 - Support **community health workers** to engage in sexual health education and contraception counselling.
4. Ongoing research, data and accountability mechanisms:
 - Establish a **national contraception access database** to track **barriers, affordability, and uptake** across different populations.
 - Conduct **longitudinal studies** on the **economic and social benefits of universal contraception access**, similar to international models.
 - Fund **community-led research** on the **experiences of marginalised groups**, ensuring policies are shaped by those most affected.
 - Create **independent oversight mechanisms** (for example, **Reproductive Health Equity Commission**) to track government progress on **contraception access reforms**.



Last updated April 2025

References

-
- ¹ Women's Health Matters, [*Cost of contraception in Australia*](#), Women's Health Matters, 2019.
- ² N Chrysanthos, '[Why newer, better birth control pills cost Australian women three times more](#)', *The Sydney Morning Herald*, 2023.
- ³ A Inthavong, [The ultimate choice - rent, groceries, or contraceptives?](#), Australian Women's Health Alliance, 2024.
- ⁴ P McIlwraith, [Groceries are 39% more expensive for communities in remote areas & the Govt needs to do something](#), Pedestrian.TV, 2024.
- ⁵ K Kimport, '[More Than a Physical Burden: Women's Mental and Emotional Work in Preventing Pregnancy](#),' *The Journal of Sex Research*, 55(9), pp. 1096–1105, 2017.
- ⁶ National Aboriginal Community Controlled Health Organisation(NACCHO) [Universal Access to Reproductive Health Care - Senate Standing Committee on Community Affairs](#), NACCHO, 2022.
- ⁷ National Health Service UK, [Where to get contraception](#), NHS UK, 2024.