

# Senate Committee Report

'Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia'

- key recommendations for migrant and refugee women

26 May 2023



Multicultural Centre for Women's Health is a national organisation led by migrant and refugee women to achieve equity in women's health and wellbeing.

## Background

This document summarises the key citations and references specifically in relation to the outcomes of the Multicultural Centre for Women's Health's (MCWH) submission to the Senate Inquiry into Universal Access to Reproductive Healthcare and information provided by Dr Adele Murdolo, Executive Director (MCWH) at the public hearing.

The Committee proposed a total of 36 recommendations. While all the recommendations can be applied to migrant and refugee women, the two recommendations referenced in this document refer specifically to a MCWH program (Health in My Language) and to one of MCWH's key long-standing advocacy issues (the provision of pregnancy-related care regardless of visa status).

MCWH's full submission can be accessed here:

<https://www.mcwh.com.au/submission-to-the-senate-inquiry-on-universal-access-to-reproductive-healthcare/>

The full Senate Committee Report can be accessed here:

[https://www.aph.gov.au/Parliamentary\\_Business/Tabled\\_Documents/2152](https://www.aph.gov.au/Parliamentary_Business/Tabled_Documents/2152)

Other useful links:

Defining Universal Access: <https://msi-australia.medium.com/defining-universal-access-by-dr-regina-torres-quiazon-the-road-to-abortion-equity-8eeb0ffb5876>

Best Practice Approach: <https://msi-australia.medium.com/speech-by-delaram-ansari-the-road-to-abortion-equity-f32c3d0a18ae>

The 'Road to Abortion Equity Webinar hosted by MSI:

<https://www.youtube.com/watch?v=l42vmGtyrYk>

## Key Recommendations

### Recommendation 25

4.96 The committee recommends that the Australian Government consider options and incentives to expand the culturally and linguistically diverse (CALD) sexual and reproductive health workforce including leveraging the success of the 'Health in My Language' program.

#### ***Trauma-informed and culturally appropriate service delivery***

##### *Culturally and linguistically diverse migrants and refugees*

4.45 However, the committee heard that gaps in sexual and reproductive health outcomes for CALD migrants and refugees persist.<sup>53</sup> For example, Women's Health East highlighted that CALD migrant and refugee women have lower participation rates in breast and cervical screening and lower sexual and reproductive health literacy compared to non-Indigenous Australian women. **The Multicultural Centre for Women's Health** submitted similar findings, as those born in non-English speaking countries have the lowest rates of contraception use in Australia, relying instead on techniques such as the withdrawal method.

4.47 Submitters also noted factors that contribute to poor sexual and reproductive health outcome for CALD migrants and refugees. **The Multicultural Centre for Women's Health** explained that temporary migrants, international students and temporary workers are all ineligible for Medicare, and therefore cannot claim rebates for medicines listed on the Pharmaceutical Benefits Scheme.

4.48 **The Multicultural Centre for Women's Health** elaborated that temporary migrants face greater out-of-pocket costs if they wish to use contraception, compared to those who are eligible for rebates. They outlined that international students also face structural barriers related to pregnancy care as they are not eligible for Medicare. Additionally, international students must have Overseas Student Health Cover while studying in Australia which has a 12- month waiting period upon arrival for '[h]ospital treatment or hospital substitute treatment that is for a pregnancy related condition, except for Emergency Treatment.'

4.49 According to the **Multicultural Centre for Women's Health**, 70 per cent of pregnancy-related claims for international students occur within the first 12 months of cover, thereby negatively impacting international students on a vast scale. As a result, international students potentially face limited options if they unintentionally become pregnant during this 12-month waiting period on overseas student health cover.

4.50 Trauma-informed care is also paramount when considering how CALD refugees and migrants engage with Australia's reproductive healthcare system. Members of the Australian College of Nursing (ACN) raised concerns that there is a clear lack of trauma-informed training throughout tertiary education. They advised that numerous healthcare providers are not providing sufficient reproductive healthcare to refugee and migrant women.

4.51 **The Multicultural Centre for Women's Health** mirrored this evidence and emphasised:

...[the] need to ensure that migrant and refugee communities can navigate the health system and feel informed and empowered to make decisions for their sexual and reproductive health without judgement and stigma.

4.53 The committee heard about the Health in My Language Program from the **Multicultural Centre for Women's Health**. The program was developed during COVID-19 to address health information inequities, in which Dr Adele Murdolo, Executive Director of the Multicultural Centre for Women's Health, explained that the program delivers:

... in-language education on COVID vaccination and information from COVID itself to people in an outreach capacity. [The Multicultural Centre for Women's Health] has supported all of these partner organisations around the country to recruit, train and provide ongoing support and resources to these bilingual, bicultural workers, and then they go out into the community and provide information about COVID.

### Recommendation 30

**4.111 The committee recommends that the Australian Government, in consultation with state and territory governments, consider options for ensuring the provision of reproductive health and pregnancy care services to all people living in Australia, irrespective of their visa status.**

#### ***Expanding Medicare accessibility***

##### *Accessing pregnancy-related care for non-residents*

4.108 The committee notes the concerns of the **Multicultural Centre for Women's Health** regarding temporary migrants and temporary workers being unable to access Medicare, and international students not being covered for pregnancy care within their first 12 months in Australia and its impact on access to reproductive healthcare.

4.109 The committee heard from the **Multicultural Centre for Women's Health**, Women's Health East, MSI Australia, and Birth for Humankind, that Medicare eligibility should be extended to all people living in Australia, irrespective of visa status. Those submitters considered that extending Medicare eligibility for reproductive health and pregnancy care will further Australia's provision of true universal access to reproductive healthcare.

4.110 Further, the committee recognises the barriers that international students encounter when engaging pregnancy care in Australia. The committee is aware that international students are required to take Overseas Student Health Cover, but that Schedule 4d of the Overseas Student Health Cover Deed imposes a 12-month wait period for students to access pregnancy-related care. This is particularly concerning given that 70 per cent of pregnancy-related claims for international students occur within the first 12-months of cover.

## Other notable references

### *Inability to enrol in Medicare*

2.91 Due to the PBS only being available to Australian residents who hold a Medicare card, temporary migrants, including international students and temporary workers, are not eligible to receive subsidised medication. **The Multicultural Centre for Women's Health (MCWH)** noted the wide-reaching negative impacts this policy can have on these migrant communities, including basic healthcare needs not being met, additional private health insurance and out-of-pocket expenses, and adverse psychosocial outcomes.

### *Limited access to reproductive healthcare services in regional, rural, and remote Australia:*

3.71 **The Multicultural Centre for Women's Health** called for the taskforce to address the nuanced barriers that various communities, such as migrants, experience, and said that it should involve all states and territories, health experts, community-led organisations, and people with lived experiences.

### *Rural and remote communities and CALD communities:*

5.36 In terms of CALD communities, **the Multicultural Centre for Women's Health** suggested that the concept of health literacy needed to extend beyond the practice of just providing in-language resources and culturally appropriate service provision (such as working with interpreters). It argued that for migrant and refugee women and gender diverse people, trust, continuity of care, prevention and education were essential elements of health literacy in order to allow individuals to make informed and empowered healthcare decisions.

## Further Information



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