



# Impact Report

## 2022

### Acknowledgement of Country

MSI Australia acknowledges the Traditional Owners and Custodians of the land on which we live and work. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present. We also acknowledge the enduring connection to their Traditional estates across Australia and to the ongoing passion, responsibility and commitment for their lands, waters, seas, flora and fauna as Traditional Owners and Custodians.



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## **Australian purpose**

**Your choice, made easier**

## **Global mission**

**Children by choice, not chance**

## **Global vision**

**A world where every birth is wanted**

## Executive summary

This is my final impact report as Managing Director for MSI Australia. I'm proud of the work the organisation has achieved over the past ten years, and the continued work it does to support women and pregnant people seeking abortion and contraception care, and in upholding every person's bodily autonomy when it comes to sexual reproductive health.

I wanted to celebrate the phenomenal progress that has been made in this space during that time. Notably, we moved to a nation where access to abortion care is no longer a criminal offence, and have a path towards universal abortion care for all. In fact, as I write this, the ACT is finalising plans to be the first jurisdiction to deliver funding that supports universal access. This required mammoth efforts from so many people, and to every single one of you I say – thank you.

For MSI Australia, 2022 was a busy and productive year, as we made significant changes in line with our Strategic Plan to create a more agile organisation that delivers services by communicating transparently and developing stronger partnerships with communities and governments. Despite the ongoing pandemic ramifications, we were able to adapt and achieve some momentous milestones, which led to greater access to safe, quality abortion care in Australia.

We successfully transitioned to virtual health, including redesigning our telehealth services, recruiting more doctors, participating in important research on reproductive coercion and abuse and transitioning to two new websites among many other digital transformation projects.

We contributed to important reforms for the sexual and reproductive health sector, such as the release of the first Australian Abortion Access Scorecard, decriminalising access to medical abortion in South Australia and advocating for a federal Senate inquiry into the universal access to reproductive healthcare.

We apologised to First Nations peoples subjected to forced contraception, abortion and sterilisation related to institutional and systemic racism in Australia since invasion.

Safety and financial responsibility remain key pillars of our work, and we continue to work towards our common goal of ensuring every single person can make an informed choice safely, and with ease. Despite the impact of the pandemic, MSI Australia is now stronger than it's ever been, ensuring access to essential services well into the future. We are excited about the future and look forward to continuing our work in creating a safe and resilient working environment and service that puts the wellbeing of people at the centre of everything we do.



**Jamal Hakim**  
Managing Director



## Our values

### Agency

Safeguarding our independence, that of our clients and staff, so we can continue to enable and defend reproductive choice and rights.

### Courage

Being able to summon the strength and determination to fight for sexual and reproductive rights, and to look after ourselves and each other, so we can last the distance.

### Integrity

Pursuing our purpose without compromise and partnering with like-minded organisations to destigmatise our services, so everyone can have the right to choose.

### Quality

Maintaining strong clinical and corporate governance structures, as well as robust and integrated processes and systems that empower staff at all levels to continuously deliver good outcomes for our clients.

### Safety

Prioritising not only the physical wellbeing of our clients, but also creating safe spaces for our clients and colleagues that are free from judgement and discrimination.

## Who is MSI Australia?

### **Dedicated, independent, pro-choice**

We are an independent, non-profit organisation dedicated to ensuring sexual and reproductive health services are equally accessible to all people living in Australia. We are the only national accredited provider of abortion, contraception and vasectomy services, and the country's longest running provider of teleabortion.

Our holistic, client-centred approach empowers individuals to control their reproductive health safely, and with dignity, regardless of their circumstances. Through active partnerships with healthcare providers, researchers and communities, our models of care ensure the total wellbeing of our clients is supported at every stage.

## Improve our current services and cost structures

Objective: optimise service channels to deliver safe, non-judgemental and comprehensive services through a supported and easy to navigate client journey.

### Virtual Health Transition

In 2022, we began the transition of our services to virtual health, with the intent to provide an improved client experience and enable clients a booking choice. Services that can now be booked online include:

- counselling
- pre-care nurse chat
- medical abortion
- teleabortion
- vasectomy



*"Clients now have improved wait times to speak to a clinician and the option to book online, which is important for those who don't want to speak to someone on the phone, especially if they are in a sensitive situation."*

**Niko Carpentieri, Head of Digital Optimisation**



## The Australian Choice Fund

The provision of quality healthcare comes at a cost. We know that not everyone is able to afford the essential health services that we provide. The 'Safe Abortion and Contraception Choice Fund' (the Choice Fund) is for women and pregnant people in Australia who are experiencing financial hardship and in addition to other healthcare barriers.

Donations provide:

- Abortion of choice for a woman or pregnant person experiencing financial hardship;
- Contraceptive of choice for people experiencing financial hardship;
- Pregnancy choices counselling for people needing to consider their options, including abortion, adoption, care, kinship care and parenting.

*"The Choice Fund is, for many people, the only way they are able to exercise control over their body at what is a very stressful time. It also enables our organisation to bridge a significant gap in healthcare provision in many areas of Australia. The Choice Fund is a last resort for people who would otherwise be forced to continue with a pregnancy."*

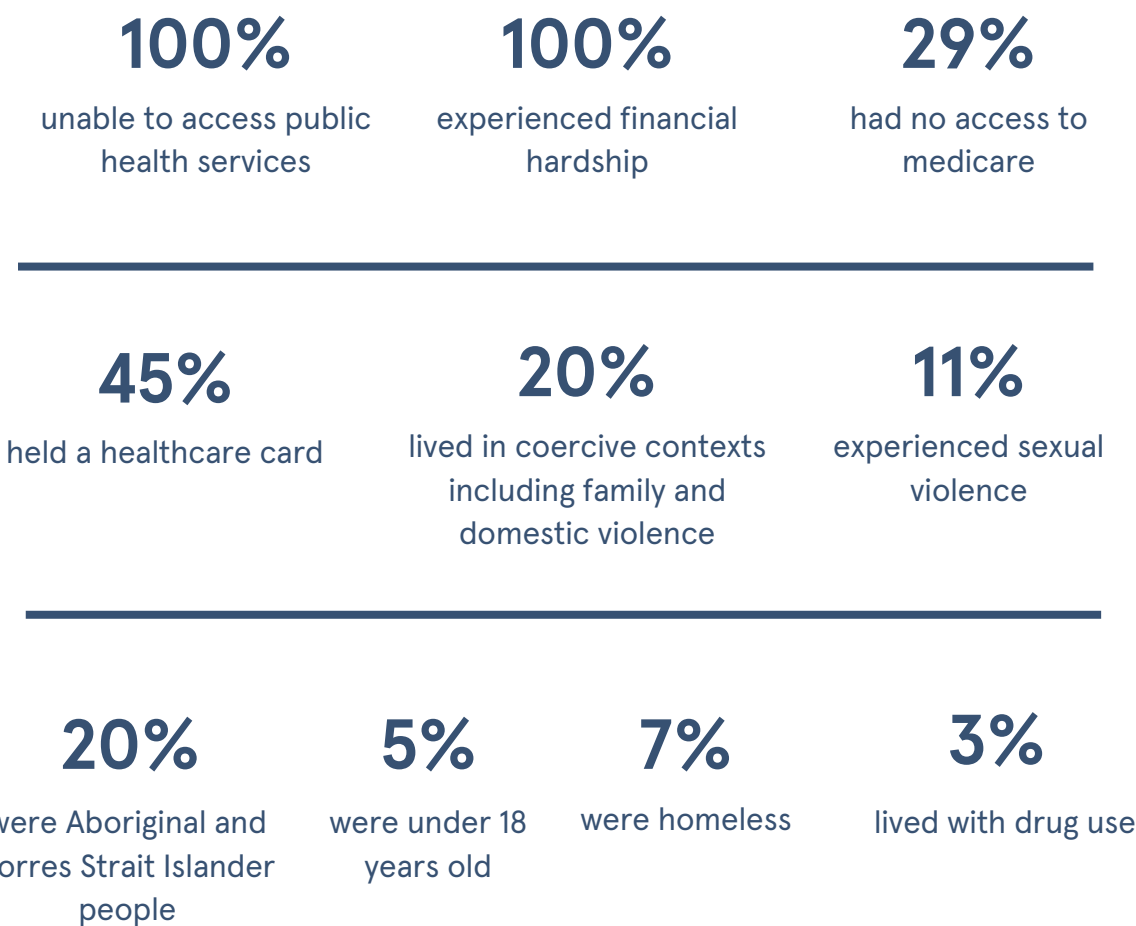
**Yasmine, Case Manager**



We use the limited funds in the Choice Fund to provide access and equity for the most vulnerable populations in Australia.

Of those who accessed the Choice Fund in 2022:

**11 weeks** was the average pregnancy gestation of a person seeking abortion care



Every dollar donated to the Choice Fund goes directly towards providing healthcare to people who choose abortion or contraceptive services.

## Anonymised personal stories

"**Heirani** was 32 years of age, 20 weeks pregnant, and wanted a surgical abortion with \$900 to contribute. There was a \$7,650 gap. At the time, she had been employed, working 60 hours a week in regional NSW and from the South Pacific. She was on a temporary visa and had no Medicare card. Her conception partner had been her boyfriend and they had no dependents. She had paid their accommodation, transport, and petrol costs and had sent money to her family in the South Pacific. She had a history of family violence and had been unable to disclose the pregnancy to relatives. She had been denied a public service and unable to self-fund a private procedure, so sought assistance through our Choice Fund for the \$7,650, which was provided."

"**Jax** was 48 years old, 16 weeks pregnant and wanted a surgical abortion with nothing to contribute. The procedure cost \$1,250. At the time, they had been unemployed, single, with three dependents aged 15, 12 and 9. They had a Healthcare card and had been receiving the family tax benefit. Their regular expenses included rent, bills, groceries, and petrol. They had experienced psychological, physical and financial violence from their ex-partner. The pregnancy was a result of sexual violence. At the time, they had been receiving treatment for mental health issues. They had been denied a public service and had been unable to self-fund a private procedure, so they had sought assistance through our Choice Fund for the procedure at a cost of \$1,250 which was provided."

"**Keria** was 34 years of age, 7 weeks pregnant, and wanted a medical abortion with \$100 to contribute. A local women's health service had been able to provide \$200, leaving a \$290 gap. At the time, she had been single and had four dependents aged 16, 14, 6, and 2 years. She was receiving the Centrelink Single Parenting Payment. She was experiencing ongoing family violence, including physical, sexual, and emotional violence. She had a mental health diagnosis and had been accessing regular telehealth counselling through the local Domestic Violence Service. She was paying off \$5,500 in fines accrued by their ex-partner. She had been denied a public service and had been unable to self-fund a private procedure, so she had sought assistance through our Choice Fund for the gap of \$290 which was provided."

## In conversation with Alison Fonseca

### Manager of Psychosocial Health and Counselling



Can you tell us about your role with us?

I'm the manager of the counselling and case management service. Our social workers provide pre and post procedure counselling to women and pregnant people seeking an abortion, who are either unsure about the decision or the range of pregnancy options. People ask for counselling to work through some of the feelings and thinking around being pregnant, and with consent we can also provide information and counselling to partners and family, in support of the client. We also provide vasectomy counselling which is mandatory for those under 30 years.

What kind of influences are factored into decision-making around abortions?

There are often relationship dynamics impacting on decision making, economic circumstances or cultural considerations. There may be hopes and dreams around career, education and future travel. The pregnancy may be planned, but often we'll be talking about a broader range of issues which the person is worried about, and which prevents them from deciding. We find there is a lack of understanding for people about what options they have. From the point of contacting our service to having the counselling session, we offer a safe space in which questions can be asked and vulnerabilities expressed. Our case management team is also critical in facilitating counselling access for women and pregnant people who simply can't afford to pay for a procedure. Many of our clients are living in unsafe situations, some are experiencing homelessness. We often listen to peoples' stories of trauma. It's worth saying though that counselling is for everyone regardless of your circumstances.

Why is post-procedure work important?

Post-procedure counselling helps people to process the experience as one of many other experiences that they will have. Having an abortion is a healthcare decision, however most people can't discuss it freely with others. It can be impactful on how they understand themselves. Supporting people to put words to that narrative and maintain perspective is important. It's a very big decision and it's not always the case people come out of it feeling okay. We must be responsive, and we are non-judgmental. It's quite a specialist role because you have to pick up really quickly where people are at. We can't work long term, because of the gestation limits for procedures and availability of clinic appointments.

## Diversity of our product and service offering

Objective: meet and exceed established standards ensuring health products and clinical services are managed responsibly, delivered safely and to a high quality.

MSI Australia provides the following services:

1. Medical abortion care in clinic
2. Medical abortion care via telehealth
3. Surgical abortion care up to 24 weeks pregnancy gestation, depending on clinic capacity and clinician availability
4. Various aspects of nurse care including blood tests, ultrasounds and safety planning
5. STI tests
6. Cervical screening
7. Pregnancy options counselling, including: abortion, adoption, care, kinship care and parenting
8. Contraceptive care, including Long Acting Reversible Contraception (LARC)
9. Contraceptive options counselling, including vasectomy counselling
10. Vasectomy care
11. Aftercare, including low-sensitivity urine pregnancy tests where relevant
12. Australian Choice Fund bursaries, philanthropic bursaries to subsidise part of or all of a contraception or abortion funding gap

In 2012, we invested our own funds to bring medical abortion to Australia, through supporting the establishment of a non-profit pharmaceutical company called MS Health. Today MS Health has four products and we work in partnership with them as a sister organisation.

## Free LARC insertion at time of surgical abortion

We offer our clients the choice of having a Long Acting Reversible Contraceptive inserted at the time of their surgical abortion. The insertion service is free, people just need to bring their choice of device or buy one on the day.

Offering long acting reversible contraceptives (LARCs) at the time of abortion can have several benefits. First and foremost, it can help prevent unintended pregnancies.

LARCs such as intrauterine devices (IUDs) and contraceptive implants have a high effectiveness rate, making them a reliable contraceptive option.

By providing these options at the time of abortion, individuals have immediate access to effective contraception without having to schedule another appointment.

Additionally, LARCs can provide long-term contraceptive protection, reducing the need for frequent check-ups and prescription refills.

Providing access to LARCs at the time of abortion can also help reduce the stigma around abortion and contraception by promoting a culture of reproductive choice.

## In conversation with Justin Low

### National Director of Vasectomy Services



How did the vasectomy expansion project go in 2022?

We increased our capacity significantly, we are up to 33 locations now around the country. There were around six to seven new locations added last year mostly around Melbourne, which is pretty exciting. Next year, we will be expanding further in South Australia, Western Australia and New South Wales.

Did you have to recruit doctors alongside the clinic expansion?

We trained a significant number of new doctors, in Melbourne, Perth and New South Wales. We also had our first female vasectomist start training with us and she will become fully qualified in early 2023. So we've gone from having six doctors to 14, which is really exciting.

What were your highlights for vasectomy?

Going live with online booking for vasectomy was brilliant, it makes such a difference that men are able to book online, it's a much smoother journey and there is no wait time on the phone. We also launched a new vasectomy website, which was that was an absolute highlight and provides our clients with clear, easily accessible information.

What feedback are we receiving from clients?

The no scalpel open ended technique we use is one of the best techniques and different to our competitors. While a lot of our competitors use a clip, we don't, we've got something that works much better and receive really great feedback.



## Evolve our models of care and increase access through technology

Objective: enable the business to deliver services to our clients and colleagues in a timely, effective and efficient way.

### National support

The National Contact Centre offers confidential pregnancy options support, information and referral

**134,600**

calls recieved

**32,000**

online enquiries received

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**1 in 4**

were from existing  
or future clinical or  
counselling clients

**3 in 4**

were seeking health  
information or referral to  
another service provider



## Clinical care

We provide clinical care to thousands of people who reside in Australia each year.

**31,000**

services delivered

**11%**

of services provided  
without Medicare card

### Services provided include:

Surgical abortion, medical abortion, medical abortion by phone/mail (teleabortion), vasectomy, tubal ligation, contraception and sexually transmitted infection testing

**17%**

of abortion clients  
accessed Long Acting  
Reversible Contraception  
(LARC)

### LARC methods include:

Contraceptive injection, the contraceptive implant (or rod), the copper intrauterine device (IUD) and the hormonal intrauterine system (IUS)

# Advocate for public policy change

Objective: be a trusted voice for sexual and reproductive healthcare and rights in Australia.

## 2022 engagement

University or other academic partnerships	6
Speeches at Public Hearings	1
Open Letters, Statements or Co-Submissions in Solidarity with Partner Organisations	17
Policy Advice Provided to Local, State/Territory or Federal Government	153
Academic papers authored or co-authored by staff	4
Policy submissions, policy briefs or policy papers published	31
Media mentions	1,370

> Contraception. 2022 Nov;115:67-68. doi: 10.1016/j.contraception.2022.06.010. Epub 2022 Jun 23.

### Effectiveness and safety of a direct-to-patient telehealth service providing medication abortion targeted at rural and remote populations: Cross-sectional findings from Marie Stopes Australia

Jane W Seymour <sup>1</sup>, Catriona Melville <sup>2</sup>, Terri-Ann Thompson <sup>3</sup>, Daniel Grossman <sup>4</sup>

Affiliations + expand

PMID: 35753405 DOI: 10.1016/j.contraception.2022.06.010

#### Abstract

**Objectives:** We assessed the safety and effectiveness of direct-to-patient telehealth provision of medication abortion in Australia.

**Study design:** We included all medication abortions (January 2017-December 2018) from Marie Stopes Australia's patient management and adverse event reporting systems. We defined effectiveness as whether the patient had a continuing pregnancy, incomplete abortion, and/or subsequent vacuum aspiration or procedural abortion and safety as whether the patient experienced any adverse event.

**Results:** Direct-to-patient telehealth was more effective than in-clinic provision (97.2% vs 95.4%). The proportion of adverse events did not differ between groups.

**Conclusions:** This direct-to-patient telehealth service is safe and effective.



Invited Editorial | [Free Access](#)

### Abortion care in Australasia: A matter of health, not politics or religion

Catriona Melville

First published: 28 April 2022 | <https://doi.org/10.1111/ajo.13501>

**Conflicts of interest:** The authors report no conflicts of interest.

PDF TOOLS SHARE

Induced abortion is presumably one of the most common gynaecological procedures in Australia, with an estimate of at least 100 000 abortions performed annually.<sup>1</sup> We can only approximate the abortion rate as there is no national data collection on induced abortion. The most recent estimate of abortion rates for Australia and New Zealand is approximately 15 abortions per 1000 women of reproductive age.<sup>2</sup> Around one in four women will undergo an induced abortion in their reproductive lifetime.

## Australian Abortion Access Scorecard

While abortion has been partly decriminalised throughout the country, there are disparate regulations that influence different levels of access in each state and territory.

Resourcing remains a major issue in Australia, with service provision often falling to non-profit and community health providers stepping up in lieu of government. These organisations are already under immense financial pressure following the coronavirus pandemic.

A key part of filling abortion access gaps is understanding the legislative complications that makes abortion difficult to deliver.

Within weeks of the overturning of Roe v Wade in America, we released the Abortion Access Scorecard in June to show the state of play of abortion law in Australia, where it's working and where it's not.

Following the release, there were a reforms announced across jurisdictions including the Australian Capital Territory and Western Australia. A Federal Senate Inquiry into universal access to sexual and reproductive healthcare was established shortly after.

for more detailed information on the scorecard visit our website:





## Abortion Access Scorecard

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA
Abortions provided by one doctor								
Abortions can be accessed without risk of criminalisation								
Doctors can provide abortions without risk of criminalisation								
Nurses, Midwives and Aboriginal & Torres Strait Islander workers can provide medical abortions without criminalisation								
Support people can assist someone to access abortion without risk of criminalisation								
Safe Access Zones are legislated								
Counselling referrals are optional and not mandated								
Abortion access free from judgement and justification								
Abortion evidence base is supported with data collection and publication								
Conscientious objection (CO) is legislated with referral								

Note: Each item is ranked according to most accessible (green), somewhat accessible (orange) or least accessible (red)

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## ACT commits to fund universal access to abortion

In August, the Australian Capital Territory (ACT) announced they would fund universal access to reproductive healthcare in 2023.

They are the first state or territory in the country to commit to universal access, which will mean that women and pregnant people, including those on temporary visas will be able to receive free abortion care.

Financial barriers can often prevent women and pregnant people from accessing the healthcare they need, and the provision of free abortion care can remove this obstacle for many people.

By removing financial barriers, women and pregnant people who request abortions will be able to access the care they need without having to worry about the financial implications.

This will lead to improved health outcomes and better reproductive health for people in the ACT.





## Medical abortion decriminalised in South Australia

The enactment of the Termination of Pregnancy Act 2021 in South Australia occurred in July and was a significant step forward in ensuring reproductive rights for women and pregnant people in the state.

Decriminalising additional aspects of abortion and increasing access to medical abortion services is an important milestone for human rights and health rights.

Prior to the enactment of the law, some individuals who sought abortions in South Australia were at risk of criminal charges and faced barriers in accessing abortion care.

While it may have taken 15 months for the law to be enacted, the fact that South Australia has joined the rest of the country in harmonising abortion law is an historic moment for our country and for individuals seeking reproductive healthcare.

It is crucial that all people have access to safe and legal abortion care, and the enactment of this law means individuals in South Australia have greater control over their reproductive health.



## Western Australia commits to take abortion out of the criminal code

In August, the Western Australian government announced a plan to reform the state's abortion laws in 2023. Under the proposed reforms, remaining aspects of abortion access will be taken out of the criminal code.

The proposed laws seek to remove clinical barriers and streamline care pathways. They will remove the requirement for two doctors to approve an abortion.

The reforms aim to increase access to safe and affordable abortion services in Western Australia, while also reducing stigma around the procedure.

The proposed changes have been welcomed by advocates for reproductive rights, who have long called for the removal of criminal sanctions around abortion.

The reforms will help ensure that individuals have greater control over their reproductive health and will help reduce the barriers to accessing safe and affordable abortion care.

Overall, the proposed reforms represent an important step towards promoting reproductive health and rights in Western Australia.



## Federal senate inquiry into universal access

The Federal senate inquiry into the universal access to reproductive healthcare was established in September.

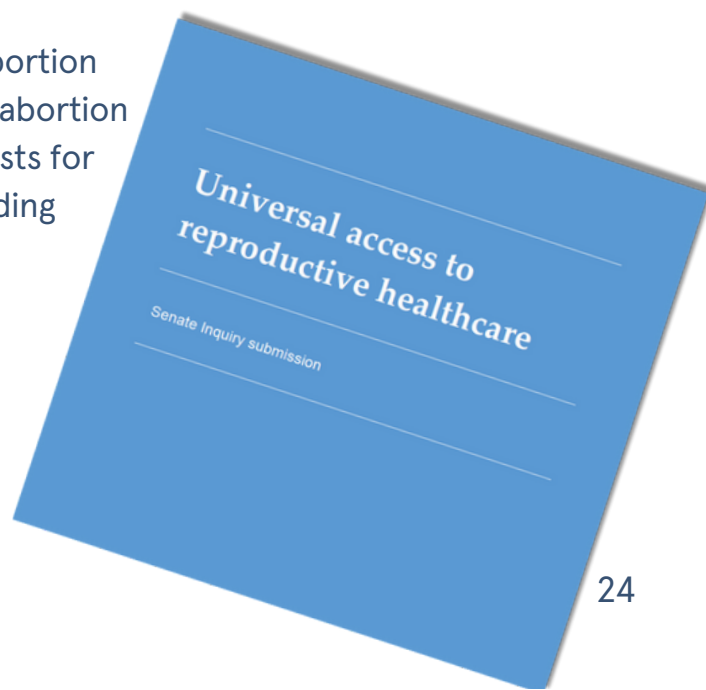
The inquiry was established to look into barriers to achieving priorities under the National Women's Health Strategy for 'universal access to sexual and reproductive health information, treatment and services that offer options to women to empower choice and control in decision-making about their bodies'.

Abortion access inequities need to be addressed at a national level. While abortion has been mostly decriminalised throughout the country, access remains a postcode lottery.

The inquiry will provide recommendations to alleviate the physical and financial barriers to access contraceptives, abortion care and other sexual and reproductive healthcare, with options to improve the quality and availability services.

For years, the Ministers for Women platformed reproductive rights. It is timely that the Ministers for Health now progress broader issues of health equity.

We would like to see a national taskforce on abortion care resourced, the national harmonisation of abortion laws and regulations and the out-of-pocket costs for abortion and contraceptive care funded, including for those on temporary visas.





## Preventing reproductive coercion and violence

We co-authored a research study, published in the Reproductive Health journal, on reproductive coercion and abuse among clients receiving pregnancy counseling in Australia.

The research aimed to identify trends and directions related to this issue. The study revealed that reproductive coercion and abuse was a significant problem in Australia, with 15% of people who presented with unplanned pregnancy reporting instances of reproductive manipulation, control or violence.

The research highlighted the importance of addressing this issue to protect the well-being and reproductive autonomy of individuals.

A multi-faceted approach is needed to tackle reproductive coercion and abuse. This includes investment in policy, research, clinical education pre-service and in-service throughout health systems, and increased access to reproductive health services.

Collaboration between healthcare providers, policymakers, and community organisations is essential to ensure that victim-survivors have access to necessary resources and assistance.



## Increasing access through health literacy

Objective: be a trusted voice for sexual and reproductive healthcare and rights in Australia.

### 2022 engagement

Social Medium	Reach
Facebook	410,000 people
Twitter	85,000 people
LinkedIn	361,000 people
Instagram	225,000 people
Medium Blog	4,500 people
Total	1,084,500 people

Media mentions	Reach
1,370 Australian media mentions	522,152,000 people

## Media approach

By timing the release of the Australian Abortion Access Scorecard with the overturning over Roe v Wade in America, we effectively shone a light on the disparities that occur right here in our own country.

Through this period, we were able to share simple content that was easily digestible to the public and provided advocacy tools to enable governments to commit to abortion law reform at state, territory and national levels.

**'Postcode lottery': Women's access to abortion in Australia under fire**

The challenges women still face accessing an abortion in Australia have been laid bare on a scorecard comparing each state's laws.

**Samantha Maiden** [Article](#)

[@samanthamaiden](#) 2 mins read · JUNE 28, 2022 · 4:10PM [NEWS](#)

**Taylor Swift**

I'm absolutely terrified that this is where we are - that after so many decades of people fighting for women's rights to their own bodies, today's decision has stripped us of that.

A tidal wave of horrified celebrity reactions have come out in response to the US Supreme Court decision that will strip abortion rights from millions.

Women's access to abortion in Australia is a "postcode lottery" that grants some free treatment and others facing out-of-pocket costs into the thousands of dollars.

In a new national report card, one of the largest not-for-profits offering the service, Marie Stopes International Australia, has compared the provision of services across the country.

While abortion has been decriminalised across Australia, cost is still proving a significant barrier, with some women paying more than \$620 for an abortion despite the fact it's on Medicare.


However, for women without access to Medicare or those seeking later-term abortions it can cost up to \$8000 out of pocket.

Some women were also being forced to travel across state borders to secure an affordable abortion or a later-term abortion.

**Abortion access in the Northern Territory attracts praise amid global debate over Roe v Wade**

By Samantha Dick

Posted Sat 2 Jul 2022 at 8:50am, updated Mon 4 Jul 2022 at 7:11am



Many women don't realise abortion is still in the criminal code in Western Australia. (Supplied: Susan Kitzur-Hong)

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After the [overturning of Roe v Wade](#) in the United States cast a spotlight on reproductive rights in Australia, the Northern Territory has emerged as a leader in safe abortion access.

While a similar court ruling could never happen here, existing barriers to abortion and [differing legislation among the states and territories](#) have meant it wasn't always easy to terminate a pregnancy.

So what makes abortion care so successful in the Northern Territory?

**How the territory compares**

Despite its large and hard-to-reach remote population, the Northern Territory offers women easier access to abortions than most Australian states and territories, according to MSI Australia's latest abortion access scorecard.

MSI Australia's managing director, Jamal Hakim, said: "The good story here is the Northern Territory is doing really well."

News / National

**'Legislation doesn't equal access': Are abortion services accessible for all women in Australia?**

By Allannah Sciberras | 2:54pm Aug 6, 2022

**9NEWS**

**'ABORTION LAWS' IN AUSTRALIA**

**STATE BY STATE**

Abortion laws in Australia

1. NOW **ABORTION LAWS IN AUSTRALIA** STATE BY STATE

2. Thousands descend on Melbourne **Thousands descend on Melbourne**

3. US states react to Roe reversal **US states react to Roe reversal**

4. 1600-STREPTA **1600-STREPTA** 05T06-22-47n

[Tweet](#) [Facebook](#) [Mail](#)

Some Australians will be able to access free [abortion](#)s while others in rural communities are battling a "postcode lottery" to access the critical health service.

The ACT government announced this week [free medical and surgical abortions would be provided for residents from early next year](#).

Affordability greatly improves access to the service, but there are still significant barriers for those living in rural and remote parts of the country.

Some women are having to travel hundreds of kilometres to reach clinics, with just 10 per cent of Australian GPs registered to provide medical abortions.

## Media approach

When Google instigated a national ban of abortion bans across the country, we were able to use media to create pressure for the ad ban to be reversed.

At the same time, we maintained good public relations with Google and the Federal Government, keeping them informed every step of the way.

This meant that the ban was overturned within a few weeks once we entered time critical negotiations with Google on the issue.



### Google 'restricting access' to abortion services

There are fears pregnant people in Melbourne will miss the tight window for an abortion after the search engine giant banned ads detailing the health service.

### Opinion Bonney Corbin: Google abortion ban violates women's right to health care

Bonney Corbin | The West Australian  
Mon, 19 December 2022 5:00AM



Google abortion ban violates women's right to health care. Credit: Don Lindsay/The West Australian

- If I had a headache and didn't want to [have a headache](#), I would get pain medication to end the headache.
- If I was pregnant and didn't want to be, I would seek abortion medication to end the pregnancy.
- We need to start treating abortion like pain medication. Instead, abortion is treated like a political football.

"We need health information explaining the medical and surgical abortion processes on our website," the spokeswoman said.

"The interim solution we agreed on with Google was to remove the word medication from our ad landing page (which is now our homepage) and then they reinstated the ads."

The spokeswoman said advertising restrictions to services surrounding abortion care were unacceptable because they limited access to critical healthcare.

Earlier, Senator Waters wrote to the online search giant requesting an explanation and said there was no justification for its refusal to advertise MSI Australia's services.

"Restricting information about medical abortion can prevent people from understanding this option within the timeframe in which the procedure is legally available," she said in the letter.



## Social media approach

### Focus on mental health and wellbeing

We highlighted the mental health and wellbeing aspects of reproductive healthcare, showcasing the importance of compassionate care and support for clients during their healthcare journey.

### Collaboration with partners

We frequently highlighted partnerships and collaborations with external organisations and experts, demonstrating a commitment to working together in achieving the best possible outcomes in sexual and reproductive health.

### Community education and health literacy

We provided educational posts on a wide range of sexual and reproductive health topics, including abortion, contraception and vasectomy and provide valuable resources, educational content, and insights to increase health literacy and support informed decision-making for clients.



## Key initiatives

### Telehealth expansion

We highlighted the expansion of our telehealth services to reach more clients. This initiative ensures clients have access to reproductive healthcare services while maintaining safety and convenience.

### World Contraception Day

We actively participated in World Contraception Day, sharing informative content on different contraceptive methods and emphasising the importance of accessible and affordable contraception for all.

### Pride Month

During Pride Month, we reaffirmed our commitment to providing inclusive and non-judgmental reproductive healthcare for LGBTIQ+ individuals, sharing resources and information tailored to their specific needs.

### The Road to Abortion Equity Forum

Following the announcement of Senate inquiry into universal access to reproductive healthcare, we held a forum with a range of diverse speakers to educate people on the different aspects of the terms of reference and provide information on how to make a submission to the inquiry. The forum attracted over 400 attendees.



## Embed anti-discrimination practice and cultural safety

Objective: optimise service channels to deliver safe, non-judgemental and comprehensive services through a supported and easy to navigate client journey.

### Apology statement

In August, our Managing Director Jamal Hakim apologised to First Nations peoples subjected to forced contraception, abortion and sterilisation related to institutional and systemic racism in Australia since invasion.

Sexual and reproductive healthcare providers have been in Australia since invasion. Colonial violence resulted in thousands of years of health and healing knowledge to be overlooked and prohibited.

The wrongs of the past needed to be acknowledged.

The apology is part of ongoing efforts towards a different future for the organisation, in line with changing our name to MSI Australia.

We were formerly known as Marie Stopes Australia. Marie Stopes (1880–1958) was known for her contributions to family planning, but she was also a eugenicist.

In Australia, we work to demonstrate and embed cultural safety and anti-discrimination practice throughout our clinics.

## Apology

At MSI Australia we honour the First Nations peoples of this land, the oldest continuing cultures in human history.

We reflect in particular to acknowledge and pay respect to those who were subjected to forced contraception, abortion and sterilisation due to institutional and systemic racism.

This injustice is connected to forced removals of children and over representation in prisons.

As we move forward in a new era of healthcare, we need to acknowledge the wrongs of the past.

We are part of a sector that has benefited from reproductive coercion and reproductive violence.

Forced and coerced sexual and reproductive procedures, including contraception, abortion and sterilisation have inflicted profound grief, suffering and loss.

We apologise for these reproductive injustices.

We apologise especially for forced sexual and reproductive procedures on Aboriginal and Torres Strait Islander people with disability, and those who are LGBTQIA+.

For the pain, suffering, and hurt experienced by Aboriginal and Torres Strait Islander people, their families, and communities, we say sorry.

We must acknowledge the trauma that has been caused and prevent further re-traumatisation.

We commit to a future where the injustices of the past must never, never happen again.

We must enable self-determination for all, to make decisions over our own sexual and reproductive lives. This is one step of many to build community and create systemic change.

While we cannot undo the events of the past, we can embrace new solutions to enduring inequities.

A future where all people can achieve bodily autonomy.

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Jamal Hakim, Managing Director of MSI Australia, 3 August 2022.



## Invasion Day option to work

In 2022, we provided staff with the choice to work on January 26 or to take a day off at another time.

Currently January 26 is still recognised by governments as the official Australia Day public holiday. However, the date doesn't represent an inclusive and reconciliatory day for everyone. It has also only been held on January 26 since the mid-1990s.

The dispossession of this country's Indigenous people began on 26 January 1788 and the day represents a day of mourning for many.

When the First Fleet arrived there were more than 500 Indigenous groups and more than 750,000 people. The colonisation of Australia was done through force and by 1900 the Indigenous population was estimated to have reduced by 90%.

There have been growing calls to change or abolish the date and we support this movement. We should have a national day that is inclusive of everyone, rooted in reconciliation and respect.

We know this is only one small action, but it is important step in supporting true reconciliation.



## Who are our clients?

All clients who access our services are offered an interpreter service if English is not their primary or preferred language

- Top 10 languages other than English spoken by clients: Mandarin, Chinese, Hindi, Punjabi, Arabic, Vietnamese, Nepali, Spanish, Korean and Thai
- 2,523 interpreter services were provided to clients, including AUSLAN. This is a 6% increase from 2021.

Aboriginal and Torres Strait Islander clients

- 3% of clients are Aboriginal and/or Torres Strait Islander people.
- Of those clients, 86% are Aboriginal, 6% are Torres Strait Islander, and 8% are Aboriginal and Torres Strait Islander.
- 99% of Aboriginal and Torres Strait Islander clients were women.

Clients access our services throughout their lives

- 30 years: the average age of our clients
- 14 years: the age of our youngest client
- 71 years: the age of our oldest client.

# Public reporting of clinical outcomes

Our 2022 satisfaction rates remained high and complication rates remained low.

Medical termination of pregnancy	2020	2021	2022	Benchmark rate*
Incomplete abortion	4.95%	4.27%	2.04%	1.1-4.2%
Continuing pregnancy	0.53%	0.46%	0.37%	0.5-0.7%
Infection	0.27%	0.24%	0.17%	0.2-1.0%
Surgical termination of pregnancy	2020	2021	2022	Benchmark rate*
Incomplete abortion	0.89%	0.61%	0.54%	0.3-2%
Continuing pregnancy	0.04%	0.02%	0.03%	<0.2%
Cervical injury	0.02%	0.06%	0.02%	<1%
Perforation of uterus	0.04%	0.03%	0.05%	0.1-0.4%
Infection	0.17%	0.10%	0.04%	0.1-2%
Vasectomy	2020	2021	2022	Benchmark rate*
Failed vasectomy	0.00%	0.18%	0.00%	<1%
Haematoma	0.15%	0.04%	0.16%	1-2%
Infection	0.00%	0.18%	0.11%	1-2%
Anaesthesia	2020	2021	2022	Benchmark rate*
Total complication rate	0.16%	0.13%	0.11%	–
Collective complication rate	2020	2021	2022	Benchmark rate*
Total complication rate	3.87%	3.09%	1.95%	–

\*We participate in the Australian Council of Healthcare Standards (ACHS) Clinical Indicator program where three outcomes are compared with peer-like health services. All serious adverse events are reviewed through the National Medical Advisory Committee.

## Further information and feedback

If you would like to know more about the work that we do at MSI Australia you can follow us on social media or get in touch via the following channels

Twitter: @MSI\_Australia

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Facebook: @AustraliaMSI

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LinkedIn: MSI-Australia

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