



Student resource kit



MARIE STOPES
INTERNATIONAL
AUSTRALIA

Dr Marie
MARIE STOPES INTERNATIONAL

MSHealth



Student resource kit as at June 2014

Thank you for requesting our student resource kit. It is full of valuable information about sex, contraception, sexually transmitted infections and safe abortion. It's designed for general information, or to assist students with their assignments or special projects.

All the information contained in this kit is attributable to Marie Stopes International (MSI). We are a global not-for-profit organisation providing life-saving family planning and safe abortion services in more than 40 countries around the world.

Research and media releases

We undertake and publish a range of research on sexual and reproductive health. We also publish media releases, which you will find quoted and referenced throughout this kit and you can use them as direct quotes in your assignment. You can also download the reports at **mariestopes.org.au**.

Thank you again for your interest in Marie Stopes International and the sexual and reproductive healthcare services we provide.

More information can be found on our websites:

- 1. mariestopes.org.au**
Our international development work in the Asia Pacific
- 2. drmarie.org.au**
Our sexual and reproductive healthcare services in Australia
- 3. mshealth.com.au**
Our pharmaceutical work
- 4. mariestopes.org**
Our international development work in the rest of the world

Contents

About Marie Stopes International	4
Unsafe abortion	5
Abortion statistics	6
Attitudes to abortion	7
Teenagers and sex	8
Contraception	9
Sexually transmitted infections (STIs)	10
Reproductive rights	11
Abortion and the law	12
Medical abortion (RU486)	13

About Marie Stopes International

Marie Stopes International is a not-for-profit organisation which provides reproductive health services in over 40 countries worldwide.

Our vision is children by choice, not chance, through the delivery of reproductive health information and services.

In Australia, Marie Stopes International is at the forefront of sexual and reproductive health in three sectors – international development, health care services and pharmaceutical products.

Our Australian healthcare clinics operate under the brand Dr Marie. Surplus funds generated by Dr Marie clinics support Marie Stopes International's work throughout the Asia-Pacific region and beyond. We provide services where they are needed the most, preventing unnecessary maternal deaths and making a sustainable impact on the lives of millions of people every year. To find out more about our Asia Pacific programs, please visit: mariestopes.org.au

In Australia we currently have 15 clinics nationally, in NSW, QLD, WA, VIC and ACT, delivering exceptional quality of care.

Reproductive health is the broad term used to describe our package of services. It includes abortion (both surgical and medical), vasectomy, STI check ups, contraception advice and insertion, and pap smears, please visit: drmarie.org.au

Marie Stopes International believes strongly in the principle of 'informed choice'.

We provide clients with accurate information, counselling on request and counselling referrals so that they can make an informed choice, in a non-judgemental environment. We help clients make the best choice for their personal circumstances. We respect their decision and offer immediate help and support in a personalised and confidential manner.

Marie Stopes International Australia uses the Australian Council of Healthcare Standards (ACHS) to accredit our Dr Marie clinics. Our dedicated team of doctors and nurses deliver the highest quality standards of care. We have an independent National Medical Advisory Committee made up of medical specialists in relevant fields that assesses our clinical processes, protocols and procedures against best practice and reviews our doctors' performance.

All our medical staff are accredited and licensed to practice in the state in which they work.

In 2012, Marie Stopes International Australia launched MS Health – a not-for-profit pharmaceutical company established to deliver vital health products and medicines.

In August 2012, the Therapeutic Goods Administration granted Marie Stopes International Australia approval to import and distribute the medical abortion drug mifepristone in Australia through MS Health.

On August 1 2013, the medical abortion drugs Mifepristone Linepharma and GyMiso® were approved for subsidy through the Pharmaceutical Benefits Scheme (PBS).

We help clients make the best choice for their personal circumstances. We respect their decision and offer immediate help and support in a personalised and confidential manner.

Unsafe abortion

Across the developing world, there are approximately 222 million women who want to use, but can't access, contraception.¹

An estimated 19 million women resort to unsafe abortion each year due to unintended pregnancy. As a result, around 82,000 women die every year, 95 percent of them in developing countries.² Many of these deaths are a result of desperate attempts to end unplanned pregnancies. All these deaths are needless and the World Health Organisation has labelled unsafe abortion as the world's greatest 'preventable pandemic'.

As well as the tens of thousands of women that die every year, unsafe abortion also results in the temporary injury or permanent disability of 8.5 million women each year.³

The Marie Stopes International Global Partnership is committed to reducing maternal mortality due to unsafe abortion through:

- improved access to reproductive health services to prevent unplanned pregnancy;
- advocacy initiatives to stress the importance of safe, legal abortion; and
- the provision of quality abortion services in countries where the procedure is legal, including post-abortion care, training in procedure and post-abortion family planning.

Marie Stopes International believes that safe, legal abortion is an essential component of effective sexual and reproductive health services.

Abortion should be legal, safe and accessible to all women, in order to safeguard women's health, and to reduce maternal mortality and morbidity as a result of unsafe and illegal abortion.

Marie Stopes International exists to ensure that women have access to a full range of reproductive health choices, particularly for girls and women who live in isolated areas, in poverty and away from medical and health services.

1. Guttmacher Institute, *Adding It Up: Costs and Benefits of Contraceptive Services: Estimates for 2012*. (2012).

2. Ibid.

3. Facts on Induced Abortion Worldwide Published by the Alan Guttmacher Institute, January 2012. Available online at http://www.guttmacher.org/pubs/fb_IAW.html

Abortion statistics

Marie Stopes International Australia is committed to the right to privacy and the protection of personal information in accordance with Commonwealth Privacy laws. Client information is sensitive to us and we remain committed to maintaining the confidentiality of our client details.

There are no complete and accurate national figures on abortion in Australia. Statistics that are available all have serious limitations. However, it is estimated that almost one third of Australian women will experience an abortion in their lifetime.⁴

You can refer to the research brief *'How many abortions are there in Australia? A discussion of abortion statistics, their limitations, and options for improved statistical collection'*, prepared in February 2005 by the Federal Parliamentary Library, for further information.

The resource can be downloaded from:

apo.org.au/research/how-many-abortions-are-there-australia

Reasons why women seek abortion are varied and can include; difficulties in accessing contraception, sexual assault, incorrect use/ inadequate quality contraceptives, financial difficulties, and health risks to either themselves or the foetus.

Individual women and couples face a complex and difficult choice when deciding to terminate a pregnancy. The focus should therefore be on ensuring all women needing an abortion have access to high-quality, affordable and timely information, counselling and medical care.

Dr Marie also provides free, impartial, non-directive counselling over the phone for anyone having difficulty deciding whether to have an abortion. Our team are trained specifically in decision-based counselling and at all times promote a woman's right to choose, not a specific outcome.

Marie Stopes International supports the collection of abortion statistics only in the instance where:

- a woman's privacy and integrity is protected; and
- the collection of data is conducted to benefit women by improving their access to high-quality health services.

There are no complete and accurate national figures on abortion in Australia. However, it is estimated that almost one third of Australian women will experience an abortion in their lifetime.⁴

4. *Briefing paper: The sexual and reproductive health of Australian women*, Zealand Journal of Public Health, Volume 32, No 3, June 2008.

Attitudes to abortion

National surveys have found that the vast majority of Australians are pro-choice.

- A 2008 anonymous survey of 1050 Australians aged 18 years or older found that 87 percent of those surveyed indicated abortion should be legal in at least some circumstances in the first trimester, 69 percent indicated this for the second trimester and 48 percent for the third.⁵
- In the 2004 Australian Election Study, 89 percent of respondents said that women should be allowed to have an abortion, either readily when they want one (54 percent) or in special circumstances (35 percent); only 4 percent said abortion should not be allowed under any circumstances.⁶
- A study commissioned by Marie Stopes International and conducted by Quantum Market Research in 2004, found that 84 percent of Australian GPs believe all women should have access to abortion services.⁷

- A study completed in 2003 by the ACSPRI Centre for Social Research focused on the social attitudes of Australians. It was found that 77 percent of Australians with religious affiliations support a woman's right to choose.

For more information, download the Medical Journal of Australia's report, (Australian attitudes to early and late abortion): mja.com.au/journal/2010/193/1/australian-attitudes-early-and-late-abortion

An article on opinion trends on abortion in Australia by academic Katharine Betts: (Attitudes to Abortion in Australia: 1972- 2003) can be accessed at hdl.handle.net/1959.3/62

Seventy percent of
Australians with religious
affiliations support a
woman's right to choose.

5. Lachlan J de Crespigny, Dominic J Wilkinson, Thomas Douglas, Mark Textor and Julian Savulescu, *Australian attitudes to early and late abortion*, Medical Journal of Australia, July 2010.

6. Katherine Betts. *Attitudes to abortion in Australia: 1972 to 2003*. People Place 2004.

7. GP's Attitudes To Abortion Research. 2004. Prepared by Quantum Market Research for Marie Stops International Australia. Access at: http://issuu.com/mariestopes/docs/gps_attitudes_to_abortion_research/?e=1825263/5287776

Teenagers and sex

According to the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health (2008), over one quarter (27.4 percent) of Year 10 students and just over half (56.1 percent) of Year 12 students had experienced sexual intercourse. A considerable proportion (43 percent) of sexually active students reported they only used condoms sometimes when they had sex.

Statistics have shown that when young people are having sex, they are often having unsafe sex and they are dealing with a number of misconceptions about sex. To explore these issues, Marie Stopes International commissioned Quantum Market Research to conduct research on 1000 parents and teenagers.⁸ The research found that:

- 22 percent of parents think that their teen is sexually active, but in reality 31 percent claim to be. 13 percent of parents admit that they wouldn't know whether their teen was sexually active or not.
- 19 percent of parents think their child became sexually active aged 14 years or younger, whereas 33 percent of teens said they became sexually active in this age bracket.
- The large majority of parents (90 percent) rate themselves as approachable on the topic of sex, whereas only three-quarters (74 percent) of teens agree.
- Half of all teenagers (51 percent) say they either don't talk about, or don't fully confide in their parents about personal issues.
- In general, more parents think they've had "the talk" about sexual health than teens do (80 percent vs 73 percent), with 20 percent of parents admitting that they have never had the conversation with their teenager.
- Teenagers who have had "the talk" with their parent on average become sexually active later than those who haven't had the talk (15.3yrs vs 14.7yrs).

- Although 61 percent of teens rate their knowledge of sexual health issues as good/excellent:
 - over half (52 percent) think that by using a condom, they won't contract herpes;
 - nearly half (45 percent) were not aware that they could be infected with chlamydia but have no symptoms; and
 - Three in 10 (30 percent) teens were unaware whether they could contract sexually transmitted infections (STIs) from oral sex.
- Almost one in 10 (nine percent) teens say they have not been taught sex education at school.
- Many parents (56 percent) and teens (69 percent) feel that sex education at the teen's school is of average or lower quality.
- Less than half of teens who have received sex education at school claim to have been taught topics such as sexual decision making (51 percent), emotional aspects of sex (39 percent) and non-consensual sex (43 percent).
- 66 percent of teens and 75 percent of parents support mandatory sex education in schools.
- Selected statistics on the form of contraception used at the most recent encounter include:
 - condoms – 64.4 percent
 - the pill – 36.8 percent
 - withdrawal – 11.8 percent
 - no contraception used – 9.4 percent

Marie Stopes International believes that it is important that teens have information about contraception and disease prevention before they become sexually active. You can visit the drmarie.org.au website for information about sexual and reproductive health, and use an anonymous, free online chat line to talk to our experts.

8. 'Sex – telling it like it is: a parent and teen insight', Quantum Market Research, 2008.

Unplanned pregnancy

It is estimated that there are almost 200,000 unplanned pregnancies in Australia every year.⁹

The World Health Organisation states that even if couples globally use contraception correctly 100 percent of the time, there would still be close to six million unplanned pregnancies every year.¹⁰

In 2006, Marie Stopes International commissioned the research, "*What women want when faced with an unplanned pregnancy*". Just over two thousand women agreed to participate, of which 1,022 stated that they had experienced unplanned pregnancy. This indicates that at any given time amongst a sample of women of reproductive age, just over half (50 percent), have experienced an unplanned pregnancy.¹¹

Further, this research shows that at the time of an unplanned pregnancy 60 percent of women were using at least one form of contraception. Of these, 43 percent were using the pill and 21 percent were using multiple contraceptive methods.

This shows that unplanned pregnancy is a key health issue for Australian women and increased resources need to be directed towards greater access to sexual health services.

The role of method failure in unplanned pregnancies in Australia suggests the need for improved access to emergency contraception (ECP). ECP is not an abortifacient but acts to prevent implantation of the egg.

You can find out more in the detailed report: *Understanding women's experiences of unplanned pregnancy and abortion, Final Report*.

Access it at: cwhgs.unimelb.edu.au/_data/assets/pdf_file/0006/135834/UPAP_Final_Report.pdf

The World Health Organisation states that even if couples globally use contraception correctly 100 percent of the time, there would still be close to six million unplanned pregnancies every year.¹⁰

9. *Briefing paper: The sexual and reproductive health of Australian women*, Australia and New Zealand Journal of Public Health, Volume 32, No 3, June 2008.

10. "*Unsafe abortion: global and regional estimates of incidence of unsafe abortion and associated morality in 2000*". World Health Organisation, 2004.

11. *Real choices: Women, contraception and unplanned pregnancy*, Web Survey, commissioned by Marie Stopes International, January 2008.

Contraception

Contraception is the use of drugs, devices, sexual practices or surgical procedures to prevent pregnancy occurring. Contraception helps women plan if and when they want to have children.

Contraception is all about choice. Given that many different methods of contraception now exist in Australia, everyone should be able to discuss this with their GP and find a suitable method.

The type of contraception you choose depends on your personal circumstances – your age, your way of life, whether or not you have children, whether you have multiple partners, your health, and the need to avoid unplanned pregnancy and sexually transmitted infections (STIs). Your choice should also take into account that only condoms offer dual protection against both STIs and unplanned pregnancies.

Contraception should be used at all times if you wish to avoid falling pregnant. Whilst condoms are only used once with each sexual episode, most methods require continual use to prevent unplanned pregnancy.

There is a range of hormonal and non-hormonal methods of contraception available for women, including the pill, implant, injection, vaginal ring, diaphragm, condom and Intrauterine Device or System (IUD/IUS). For those who have completed their family, there is also the option of a vasectomy (male sterilisation) or tubal ligation (female sterilisation).

If used correctly, hormonal methods of contraception are around 99 percent effective, with the implant being the most effective.

Male condoms are 98 percent effective and female condoms are 96 percent effective, if used correctly and at all times. A diaphragm that has been properly fitted and used correctly is 92 – 96 percent effective.

Intrauterine devices are over 99 percent effective and can stay in place for five to 10 years.

If you are not using any type of contraception such as the pill or a condom, then it is possible to get pregnant the first time you have sex. If you are thinking about having sex for the first time, you should be prepared and have your contraception sorted before you have sexual intercourse.

To find out which contraception is right for you, make an appointment with your local GP or a sexual health clinic such as Dr Marie. Teens are legally able to access contraception throughout Australia.

For more detailed information on a range of contraception visit:

drmarie.org.au/ask-dr-marie/contraception

Sexually transmitted infections (STIs)

A sexually transmissible infection is any infection or disease that can be passed from one person to another during sexual activity, including oral sex.

Sexually transmissible infections (STIs) include chlamydia, herpes, gonorrhoea, syphilis, genital herpes, scabies, pubic lice (crabs), hepatitis and HIV (the virus that causes AIDS).

STIs are common all around the world. They may be caused by bacteria, viruses or parasites. You may think that only other people get STIs and that you are not at risk of catching one, but anybody who is sexually active can get an STI if they do not practice safe sex.

Some STIs can have no symptoms, which gives them the nickname, “silent STIs”. This can happen with chlamydia and herpes, which is worrisome for young girls as chlamydia can lead to infertility if left untreated. There is no way of telling that you have a silent STI unless you get regular check-ups.

In 2012, nearly 83,000 Australians under age 24 tested positive for chlamydia. By comparison, there were just under 17,000 notifications of chlamydia in 2000 – indicating that the rate of diagnosis is now almost five times more. The Kirby Institute estimates that around 500,000 young Australians nationwide have chlamydia.¹²

Over 47,000 of the 58,000 chlamydia notifications in 2008 were in the 29 years and under age group.

Last year, almost 20 percent of chlamydia notifications and nearly 40 percent of gonorrhoea notifications were in the 30 plus age group.

According to research commissioned by Marie Stopes International into women and contraception use:

- Nearly half of all women do not take into consideration protection against STIs when choosing their method of contraception.¹³
- Women's reasons for not thinking about protection from STIs included being in a monogamous relationship (72 percent), while an additional 16 percent said the monogamous nature of their relationship, and the fact that both partners had been tested for STIs, was their reason for not giving STIs consideration.¹⁴
- One in 10 women either rarely or never felt comfortable asking their partner to wear a condom.

More details on STIs can be found at:

drmarie.org.au/ask-dr-marie/stis-stds/

The Kirby Institute estimates that around 500,000 young Australians nationwide have chlamydia.

12. The Kirby Institute for infection and immunity in society. UNSW Australia.

13. Real choices: *Women, contraception and unplanned pregnancy*, Web Survey, commissioned by Marie Stopes International, January 2008.

14. Ibid.

Reproductive rights

Women have the right to choose the timing, spacing and size of their family.

Safe and legal abortion is an essential component of effective sexual and reproductive health services.

Abortion should be legal for reasons of choice: to ensure that women have the information needed to exercise self-determination, sexual and reproductive freedom and sexual equality.

Marie Stopes International is pro-choice and believes strongly in the principle of 'informed choice'.

Having an abortion is not a decision taken lightly by women, and is a decision for women to make in conjunction with their doctor.

Access to accurate, timely and unbiased information about sexual and reproductive health, sexual relationships and contraception is critical in supporting both women and men to make informed decisions about their sexual and reproductive health.

Australia has obligations as a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) to implement the principles set out in the declaration. This includes Article 12 that refers to the need to ensure 'access to health care services, including those related to family planning'.

Marie Stopes International advocates for:

- unbiased, relevant and accurate information and support for women experiencing an unplanned pregnancy;
- more thorough and inclusive sex education in schools;
- increased access to, and counselling on, appropriate contraceptive choices;
- the protection and privacy of medical records, particularly for young people; and
- maintaining affordable contraception.

Access to accurate, timely and unbiased information about sexual and reproductive health, sexual relationships and contraception is critical in supporting both women and men to make informed decisions about their sexual and reproductive health.

Abortion and the law

A woman's right to choose the spacing and timing of her family has been internationally recognised as a human right since the 1960s – yet in Australia, abortion is still considered a crime in many states and territories.

Australian abortion laws vary state by state and differ in circumstances of legality. A summary of abortion laws can be found on the Children by Choice website – childrenbychoice.org.au/info-a-resources/facts-and-figures/australian-abortion-law-and-practice

The retention of abortion in state criminal codes stigmatises women and couples who choose abortion and reduces their access to accurate information and their willingness to seek timely support.

In 2002, abortion was repealed from the Crimes Act in the ACT and in 2008 it was repealed from the Crimes Act in Victoria. In November 2013, abortion under 16 weeks was also decriminalised in Tasmania.

In countries where abortion is illegal, or where affordable services are not available, women do not stop having abortions. Instead, they resort to unsafe services at an increased risk to their health and lives. When women feel compelled to obtain illegal abortion, these are more likely to occur in unsafe conditions, and to be undertaken by unqualified persons. The criminalisation of abortion is therefore linked to increased rates of maternal morbidity and mortality.¹⁵

All levels of government need to work together to remove abortion from the criminal code in all states and territories and remove the risk of prosecution against women and their doctors.

In countries where abortion is illegal, or where affordable services are not available, women do not stop having abortions. Instead, they resort to unsafe services at an increased risk to their health and lives.

15. Stanley K Henshaw, Laura Katzive and Anika Rahman. *A Global Review of Laws on Induced Abortion, 1985-1997*. International Family Planning Perspectives, Volume 24, Number 2, June 1998.

Medical abortion (RU486)

A medical termination of pregnancy is when drugs are used to induce abortion. A medical abortion can take several days to complete, however this option can be undertaken in the privacy of the patient's home.

Access and choice are constant issues women face with sexual and reproductive healthcare services. The provision of medical abortion in Australia increases the choices available to Australian women faced with an unplanned pregnancy.

With the approval of the Therapeutic Goods Administration (TGA), Marie Stopes International started to provide women with the option of medical abortion for early stage pregnancies (up to seven weeks) in early August 2009.

At this time, medical abortions were conducted by selected, approved Authorised Prescribers in line with the TGA's Authorised Prescriber Scheme.

In 2012, Marie Stopes International established a not-for-profit subsidiary, MS Health, to market and distribute reproductive healthcare products, including Mifepristone Linepharma and GyMiso® (misoprostol) tablets in Australia for medical termination of early pregnancy.

Mifepristone is approved in over 50 countries. It was first approved in France and China in 1988 and is available across the European Union, the USA and parts of Africa, Asia and Central America. It is estimated that it has been used by over 42 million women world-wide.

In February 2012, Mifepristone Linepharma and GyMiso® were both approved by the TGA for medical termination of a developing intra-uterine pregnancy in women up to 49 days gestation in Australia. This now allows GPs to register to prescribe Mifepristone Linepharma and GyMiso®, making it more accessible to Australian women.

Affordable and accessible choices in sexual and reproductive healthcare for all women is central to Marie Stopes International's global objectives, which is why MS Health applied for Mifepristone Linepharma and GyMiso® to be available on the Pharmaceutical Benefits Scheme (PBS). Listing on the PBS was granted on 1 August 2013, allowing medical abortion to be subsidised.

Mifepristone Linepharma and GyMiso® are prescription medicines and are only available from qualified medical practitioners who have completed appropriate training and are registered with MS Health.

Marie Stopes International lists detailed answers to frequently asked questions on medical abortions online at drmarie.org.au/ask-dr-marie/abortion/

You can find out more about MS Health at: mshealth.com.au

Access and choice are constant issues women face with all sexual and reproductive healthcare services. The provision of medical abortion in Australia increases the choices available to Australian women faced with an unplanned pregnancy.

Surgical abortion

Surgical abortion is one of the safest and most common medical procedures worldwide. Low risk suction aspiration or suction curette is generally used for first trimester abortions.

Most abortions are performed during the first trimester of pregnancy (up to 12 weeks), but some might be performed in the second trimester (12 to 24 weeks) or, in rare circumstances, in the third trimester (24 to 36 weeks).

An abortion performed safely with no complications will not affect a woman's future fertility and there is no evidence that having an abortion is linked to breast cancer.

Serious complications are rare, with mortality and serious morbidity occurring less commonly than in pregnancy continued to term.¹⁶

Abortion may be performed under one of three anaesthetics.

- Local anaesthetic: Local anaesthetic given to the cervical area makes the cervix and the lower part of the uterus numb so women don't feel anything during the operation. Few women will be offered local anaesthetic solely, due to health reasons or personal choice.

- Twilight anaesthetic: This is most commonly used for surgical abortion. Twilight anaesthetic results in the patient having a dream-like consciousness and may only have vague recollections of the procedure.
- General anaesthetic: This anaesthesia makes you unconscious within a few seconds and has the longest recovery time.

The procedure itself can be completed in less than 15 minutes, however, the average time spent at a clinic is three to four hours to allow for pre and post abortion care.

Complications are rare and happen in only 0.5 percent of cases.¹⁷ The risk of complications greatly depends on gestational length (length of the pregnancy).

Marie Stopes International Australia provides a free post-abortion counselling service. Visit drmarie.org.au for more details.

16. *The care of women requesting induced abortion*. Royal College of Obstetricians and Gynaecologists. Report No. 7, 2004.

17. <http://www.childrenbychoice.org.au/if-youre-pregnant/im-considering-an-abortion/abortion-procedure-surgical>