

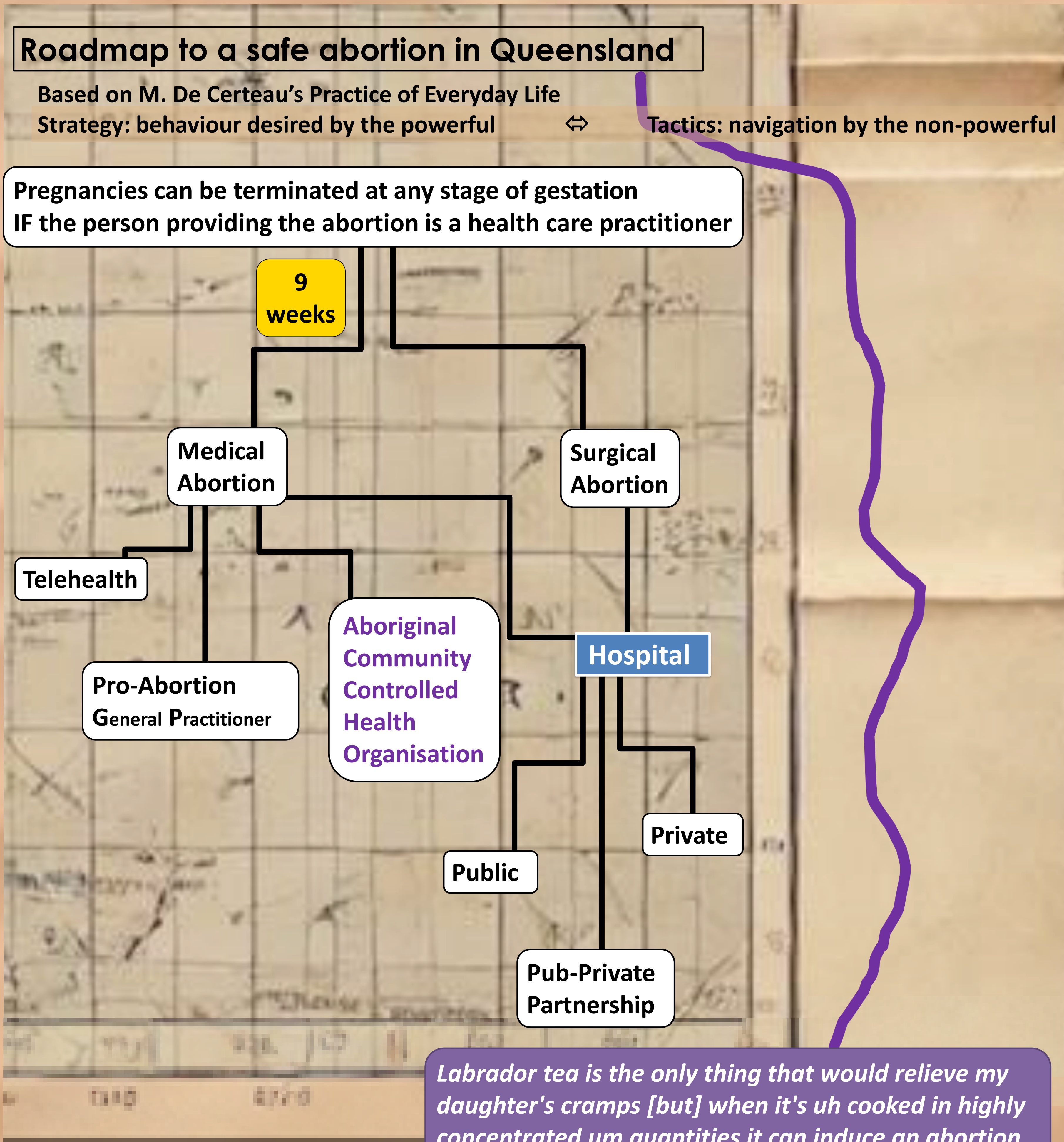
The Medicalisation of Abortion: a Step to Equal Citizenship?

Recognizing abortion as a purely medical procedure is often seen as the pathway to liberalised access. However, this discourse also involves a shift in epistemic authority —from the woman to the doctor. How can medicalisation align with self-determination?

Only three countries worldwide have completely decriminalised abortion, meaning that neither the consenting pregnant person nor the doctor performing the termination is criminally liable. All three are settler colonies, but only Aotearoa-New Zealand legislates for cultural safety for the Indigenous population.

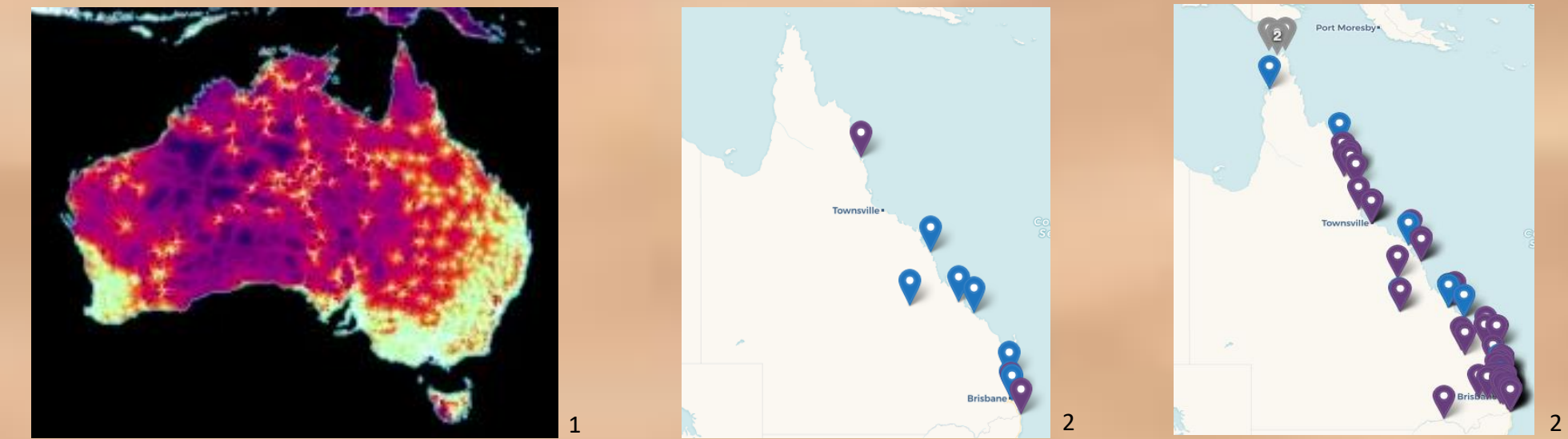
RQ1: What is the impact of a provider restriction on groups in vulnerable situations?

A case study with Aboriginal and Torres Strait Islander People in the area now known as Brisbane



Remoteness

- Queensland: 1,3 mil. km², 5,5 mil. people
- 72% lives in the Coastal cities
- 4,6% identifies as Aboriginal or Torres Strait Islander
- The more remote, the greater the percentage of ATSI



Availability of Health Care, surgical and medical abortion in Australia, resp. Queensland.

Feeling culturally unsafe, disrespected and/or misunderstood at general health facilities

- Health gap between non- and Indigenous people
- 300 clinics operated by Aboriginal Community Controlled Health Organisations throughout - mainly coastal – Australia

Table 3.1: Medical practitioners by type of practitioner by Indigenous status, 1996, 2001 and 2006, Census⁽⁴⁾, number and per cent

	1996		2001		2006	
	Number	Per cent	Number	Per cent	Number	Per cent
Total medical practitioners ⁽⁶⁾						
Indigenous	61	0.1	92	0.2	106	0.2
Non-Indigenous	43,916	99.5	47,936	99.4	54,793	99.4
Not stated	177	0.4	183	0.4	244	0.4
Total	44,154	100.0	48,211	100.0	55,143	100.0

Historical violations of reproductive rights



- Lack of recording ⇒ it remains unclear how many children were taken from their mothers and communities
- Disguise: welfare policy ⇔ aim: cultural assimilation ⇒ cultural destruction
- Worse socio-economic status for “Taken Away” than “Not Taken away”

RQ2: How does medicalisation impact the construction of “woman” and “science”? A case study of Australia

Criticism of Prof. R. Kuokkanen:

- It fits an Indigenous, holistic worldview to interweave autonomy of the body & autonomy of the land
- This way, well-being of the individual, the community and the people can be achieved
- Separation of the two struggles in soft/social vs. hard/political is a colonial, artificial distinction
- This braid of gender justice and self-governance transcends a mere return to traditional power systems



There is no Indigenous self-determination without Indigenous gender justice
There is no Indigenous gender justice without restructuring all relations of domination



He said help us bring back our indigenous Roots!
Abortions were never in our history [...].
I said Is your grandmother alive?
He goes yes
I said you need to go and speak to her

1. Indigenous-led research by a Community-Based Participatory Approach

Registered midwife experienced in research with Aboriginal & Torres Strait Islander People Prof. Judith Dean joins the project as co-promotor

Meeting with the Wiyi Yani U Thangani First Nations Gender Justice Institute: they express interest

Systematic Review: what barriers did current research discover?

Workshops with communities to design the project's concrete outline, vocabulary, sensitivities & methodology

Qualitative data collection

Workshops to determine if we're saying, what you told us & what we shall do with the output?

2. Narrative Discourse Analysis

Analysis of Queensland's parliamentary debates and jurisprudence surrounding abortion

Analysis of Australia's Universal Periodic Review

1. Weiss, D.J., Nelson, A., Vargas-Ruiz, C.A. et al. Global maps of travel time to healthcare facilities. Nat Med 26, 1835–1838 (2020). <https://doi.org/10.1038/s41591-020-1059-1> 2. Children By Choice <https://findservice.childrenbychoice.org.au/#5-19-828725387681168-150-00722421975003> 3. Australian Institute of Health and Welfare 2009. Aboriginal and Torres Strait Islander health labour force statistics and data quality assessment. Cat. no. IHW 27. Canberra: AIHW 4. Rademaker, L., Troy, J. & Hurst, J. Friday essay: 'too many Aboriginal babies' – Australia's secret history of Aboriginal population control in the 1960s. The Conversation (2024) <https://theconversation.com/friday-essay-too-many-aboriginal-babies-australias-secret-history-of-aboriginal-population-control-in-the-1960s-189249> 5. MSI Australia Apology for forced medical procedures linked to colonisation and racism in Australia (2022) <https://www.msi australia.org.au/apology-for-forced-medical-procedures-linked-to-colonisation-and-racism-in-australia/> 6. Lavarch, M., Human Rights and Equal Opportunity Commission Bringing them Home Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families. (1997) <https://humanrights.gov.au/our-work/projects/bringing-them-home-preliminary> 7. Sharpe G., Abortion Rights Coalition of Canada Indigenous Voices: Decolonizing Reproductive Violence. (2024) <https://www.youtube.com/watch?v=yU7FBSWhWc> 8. South Western Sydney Primary Health Network Awareness campaign highlights importance of closing the gap. (2023) <https://swsphn.com.au/news/awareness-campaign-highlights-importance-of-closing-the-gap/>.