

Pacific labour mobility: let's talk about sex

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PALM worker education session
Photo Credit: True Relationships and Reproductive Health

Improving the wellbeing of people engaged in the Pacific Australia Labour Mobility (PALM) scheme **is a priority** for the Australian Government. Despite this, significant barriers remain for PALM participants in accessing sexual and reproductive health (SRH) services and information, including support for survivors of sexual and gender-based violence (SGBV).

Through our collective experiences as researchers, service providers and educators, this blog outlines what we believe are core issues regarding the sexual and reproductive health and rights (SRHR) of PALM participants while in Australia, with five recommended actions.

First, it's important to recognise that in most PALM **sending countries**, SRHR is a sensitive and taboo subject. **Cultural, social, and religious norms** play a significant role in access to SRH care and information. Once in Australia, PALM participants can face several SRHR challenges, as listed below.

Access to SRH services among PALM participants is often hindered by factors including lack of information, stigma, fear of judgement, limited access to technology or digital literacy, along with concern about costs, language, transport and confidentiality, for example when using translators. These issues are compounded by **geographical and social isolation** as well as cultural barriers.

It is difficult to find information on which SRH services are covered by **PALM health insurance**, or which service providers provide free or subsidised services. For example, it's unclear whether a termination of pregnancy is covered so, unsurprisingly, PALM participants accessing abortion care have **varying experiences** regarding cost, care and navigation of service pathways.

There is also inconsistency around insurance coverage for pregnancy and childbirth. We know of PALM participants who have given birth in Australia with all prenatal and obstetric costs covered by health insurance, while others have paid thousands of dollars for delivery care in hospital. Some participants have even been

told by their employer that they have no option but to return to their home country to give birth, despite already serving the 12-month insurance waiting period for maternity care.

Power imbalances within the scheme, including **the onus** placed on approved employers to ensure their employees' welfare and wellbeing, can leave PALM participants in a particularly vulnerable position. In the absence of independent support mechanisms, PALM participants may have little option but to disclose sensitive, private information to their employers, such as their pregnancy status. At the same time, participants who have experienced SGBV while in Australia might be hesitant to report violence and seek support, especially if they are unclear about their visa entitlements or concerned about their safety and confidentiality being breached.

Through our work, we have seen the physical, emotional and financial consequences of these challenges for PALM participants. Unintended pregnancy, including pregnancy due to rape, has resulted in some female participants having to make seemingly impossible decisions, sometimes even hiding their pregnancy for fear of losing their job. In many cases women have been ostracised by families and communities at home due to pregnancy, and don't know where to turn for help. When participants do seek pregnancy and abortion care, they typically face exorbitant medical fees, often placing them in **financial hardship**.

With this in mind, we offer the following recommendations to the Australian Government.

First, engage Pacific civil society organisations to provide standardised, comprehensive SRHR information to participants prior to departure. The International Planned Parenthood Federation has eight **Member Associations** across PALM sending Pacific countries, several of whom provide in-country pre-departure briefings and SRH screenings to PALM participants. However, the pre-departure process can be overwhelming, giving participants little opportunity to seek advice on important issues related to their health. Engaging local organisations to provide standardised, comprehensive SRHR information to those within the "worker ready pool" phase would enable conversations about SRHR in a culturally sensitive way and provide a point of contact for participants on their return home.

Second, expand programming delivered by Australian health providers and organisations to deliver culturally relevant SRHR education for PALM participants while in Australia. **True Relationships and Reproductive Health** currently offers on-site education sessions for PALM participants that cover SRHR and respectful relationships, delivered by bilingual health educators, in single-sex groups and a

culturally safe environment. To date, they have reached over 1,500 PALM participants in Queensland, New South Wales, Victoria and Tasmania – with 98.5% of participants agreeing or strongly agreeing that they understood the information more when delivered in their language. While this is an impressive number, tens of thousands of PALM participants have not yet received this information (there are [currently 34,230 participants](#) in Australia and [21% are women](#)).

Third, empower PALM-approved employers to better support their employees' SRHR. Approved employers [are required](#) to provide information to PALM participants on local services when they arrive, including access to appropriate sexual health advice and local SRH services. However, there is a need to better equip employers to support PALM participants to access services and information relating to SRHR, including for reproductive health and SGBV. This could include training, standardised resources and tools which can better enable employers to understand SRHR issues and refer their employees on to services and support.

Fourth, provide PALM participants with up-to-date, accessible information on available SRH services and insurance coverage while in Australia. PALM participants need to know which services are covered by insurance in relation to sexual health, pregnancy, termination of pregnancy and childbirth, and where to access them. While the Australian Government has developed a range of resources to assist participants in seeking support and information (for example, [here](#) and [here](#)), these must be better contextualised, emphasising free or insurance provider-approved services in each state.

Fifth, increase protection mechanisms, confidential welfare and support channels, and capacity for PALM stakeholders to identify and respond to safeguarding violations. Establishing an independent, confidential reporting mechanism is important for ensuring participants can report and seek support for SGBV, sexual harassment, exploitation or bullying. This should include ensuring that more Pacific Islander women are engaged in welfare and social support roles, and that clear referral systems are put in place with approved service providers and crisis centres.

Australia's Minister for Employment and Workplace Relations Tony Burke asserts that the wellbeing of Pacific and Timorese people in the PALM scheme is [of central importance](#). Sexual and reproductive health and rights are pivotal to wellbeing, and the solutions are there for the Australian Government to act upon.

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Moloney. This blog also reflects the experiences of SRHR service providers in the Pacific region who interact with PALM participants.

This issue will be discussed at the [Pacific Migration Workshop](#) hosted by the Development Policy Centre on 3 September. [Register now](#) to attend online or in-person at ANU's Crawford School of Public Policy.

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