

Abortion services in Australia

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Children by Choice is a Queensland based counselling, information and education service for women experiencing unplanned pregnancy. 'Children by Choice' provide information and referrals for all options with an unplanned pregnancy - abortion, adoption and parenting.

Over the last 30 years, very safe medical services in the major metropolitan areas have been available to most Australian women seeking abortion. However, the provision of abortion services in the public health system in most states is patchy and there remains room for improvement in the delivery of services to women.

How many women will seek abortion services in Australia?

Induced abortion is a common surgical procedure in Australia, however, there is no national statistical collection of the number performed in Australia every year. South Australia, Western Australia and Northern Territory have mandatory notification requirements and this data is publicly available to varying degrees. Estimates of the Australian abortion rate have been derived from Private Patient Medicare data for Item Number 35643 and Public Hospital Morbidity data with some adjustments for failure to claim. From this data the national rate was estimated at 19.7 per 1000 women in 2003, with approximately 85,000 abortions being performed that year. It has also been estimated that almost 30 South Australian women will experience abortion in their lifetime.

The abortion rate in Australia is higher than in many Western and Northern European countries where contraceptive and abortion services are more readily accessible. This suggests that Australian governments need to give attention to the issue of prevention of unplanned pregnancy through an expansion of sexual and reproductive health education and clinical service delivery.

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Why do Australian women seek abortion services with an unplanned pregnancy?

There is a lack of current research into Australian women's reasons for considering abortion with an unplanned pregnancy. However, the published and anecdotal evidence from women indicates that women's decision-making is informed by a complexity of factors, rather than one or two reasons.

A survey of women seeking pregnancy termination services in New South Wales, published in 1995, found that 75 per cent of women gave more than one reason for terminating a pregnancy. Issues of not being able to financially support a child, avoiding single parenthood, feeling too young to have a child and

career aspirations, were among the most prominent. Women contacting the Children by Choice counselling service also identify a combination of issues affecting their decision-making. While financial concerns are among the most common issues discussed with our counsellors, many women raise issues about the relationship with the man involved in the pregnancy. This can include concerns about having no ongoing contact with the man involved, relationship breakdown, domestic violence and abuse, lack of commitment in the relationship, or where the relationship is new. Children by Choice clients also raise issues about age, lack of support from a partner, family and others, and concerns about family size as influencing their decision.

Who is seeking abortion services?

National data is not kept on the characteristics and reasons of women seeking abortion in Australia. As per their legislative requirements, since the 1970s the South Australian Department of Human Services have consistently collected and published state-based annual data on the demographic characteristics of women accessing abortion services. The Western Australian Department of Health has recently published its data collection for 1999 to 2005.

Age

Despite the political and media gaze often turning on teenage pregnancy and abortion, women from across the reproductive age range access abortion services. In South Australia in 2005, 28 per cent of abortion services were provided to women aged 20 to 24 years, 20 per cent were provided to women aged 25 to 29 years, 18 per cent to teenage women aged 15 to 19 years and 16 per cent to women aged 30 to 34 years.

Location

South Australian data suggested that the majority of women seeking abortion reside in a metropolitan centre. In 2005, 83 per cent of women accessing abortions in South Australia lived in the metropolitan area, however, over 94 per cent of abortions were performed in metropolitan-based hospitals. This means that many women living in rural and regional areas of Australia are travelling to the capital city to access abortion services. Research in Victoria has found that around one in ten Victorian women need to travel over 100km to access abortion services.

Relationship status

One of the many misperceptions is that women accessing abortion are single. Of the women who disclose their relationship status to the Children by Choice counselling service, around 65 per cent are married or in de facto or ongoing relationships. South Australia does not collect detailed data on relationship status, however, over one third of women accessing abortions in that state are married or in de facto relationships.

Gestation

While controversy often arises around abortions performed in mid to late second trimester, it is important to note that most

abortion occur before 14 weeks gestation. In Western Australia, approximately 94 per cent of abortions occur at 12 weeks gestation or earlier and around 70 per cent are carried out before eight weeks.

Australian provision of surgical and medical abortion services

In Australia, abortion services are provided by medical practitioners in a safe clinical environment. Except for South Australia, the majority of abortions are provided within private clinics or private licensed day hospitals, depending on the regulatory regime of the relevant state or territory health department. A draft survey indicates that there are approximately 42 private clinics and day hospitals providing abortion in Australia at this current time. The cost for the procedure varies across clinics and states, however, most women are required to pay an upfront, non-refundable out-of-pocket fee prior to the procedure. The costs are often higher for women accessing services in regional areas.

Surgical abortion by either suction curettage or manual vacuum aspiration is the major method used. According to South Australian statistics, general practitioners perform over 80 per cent of the procedures, with obstetricians and gynaecologists only providing a minority of pregnancy terminations. There is no national statistics on complication rates, but first trimester induced abortion is generally regarded as a low risk and safe procedure. South Australia reports a very low 0.4 per cent rate of complications, but the actual rate may be higher due to under-reporting. The majority of complications is infection related, which can easily be treated through prescribing antibiotics.

Medical methods of abortion for early first trimester abortion have become available recently in Australia. A combination of RU486 (Mifepristone) and Misoprostol is being used for medical abortion on a restricted basis in Cairns, while a combination of Methotrexate and Misoprostol is administered in a limited number in clinics in Brisbane, Sydney, Melbourne, Perth, Canberra and Cairns. The Methotrexate/Misoprostol method is safe however Mifepristone/Misoprostol is considered the optimal regime. Children by Choice receives a steady rate of enquiries from women who are seeking medical abortion but are unable to access services due to the current limited availability.

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Public health system provision of abortion services

With the exception of South Australia, where regulatory requirements have led to the majority of abortion services occurring in an excellent stand-alone public hospital clinic, most Australian women can only access services in the private sector. Public hospital systems in many states lack clear referral pathways and access points for the provision of pregnancy termination where it is requested for reasons other than serious fetal or maternal medical conditions. Where services are available in the public hospital system, such as the Pregnancy Advisory Service (PAS) at the Royal Women’s Hospital in Melbourne, research published in 1999 indicated that PAS are only able to assist 33 per cent of women who request services due to capacity restraints. Despite the majority of women being of low

socio-economic status, the remainder had to be referred to private services where they incurred an out-of-pocket cost.

The lack of public provision of pregnancy termination services is highlighted by the consistent and growing requests for financial assistance that Children by Choice and other community services receive from women seeking abortion. Only a low proportion of community organisations will provide financial assistance to women for this purpose, leaving the burden to smaller agencies such as Children by Choice and women’s services. The majority of requests for financial assistance are from women in regional areas and women living on a government benefit or pension, many of whom are sole parents. Unfortunately, Children by Choice is unable to meet all the requests we receive from women struggling to afford the cost of a pregnancy termination due to lack of organisational funds, leaving some women with no option but to continue with an unwanted pregnancy.

Women’s qualitative experience of abortion in Australia

Evidence indicates abortion has a low rate of physical health complications and also confirms that women’s mental and emotional health is very unlikely to be negatively affected by abortion in the short and long term.

However, it is important that abortion service providers remain committed to meeting the emotional and support needs of women. Women considering and seeking abortion often identify that the most important element of service provision is a non-judgemental approach. As abortion still remains a taboo issue which may elicit strong and vocal opinions amongst some sectors of the population, women disclosing that they are seeking abortion can be highly sensitive to judgment and negative reactions.

Some of the key expectations of women accessing abortion services:

- Being able to access abortion services without being harassed by anti-choice protestors, who often physically and verbally intimidate women.
- Service providers communicate with women in a friendly, open and sympathetic manner throughout the process including from the point of initiating the appointment through to discharge. Women are sensitive to judgement that may be communicated through tone of voice and body language by staff.
- The individual needs and circumstances of each woman are attended to and they treated respectfully, regardless of age, parental status, etc.
- Being supported and given the time to express emotion and any fears they may have.
- The opportunity for counselling, without it being compulsory.
- Any counselling around future contraception is sensitively handled.
- Medical practitioners and health professionals do not self-disclose any personal experiences.
- There is an option to access women medical practitioners, particularly for women where religious and cultural factors may prohibit accessing services provided by male practitioners.

Improving women-centred abortion care in Australia

While many Australian women are able to access unplanned pregnancy and abortion services which attend to both the physical and emotional needs of women, there are outstanding issues that need to be addressed. Expanded provision of abortion in the public health system would ensure that financially disadvantaged women and those living in regional and rural areas can access services. Increased access to medical abortion, particularly Mifepristone, is needed. Abortion providers should be supported and resourced to evaluate service provision, and offer ongoing training and professional development to staff to ensure services are women-focused and remain of high quality.