

ABORTION – Position Statement

Women's Forum Australia (Women's Forum) maintains a strong commitment to life-affirming cultural change for women's wellbeing and freedom. Our vision is for women to be given real choice – no woman should have to choose between her own welfare and that of her unborn child.

Conservative estimates indicate 25% of pregnancies in Australia end in abortion.ⁱ Women's Forum notes 75% of Australians believe this rate is too high and 87% are in favour of policy action that could enable a reduction in the rate.ⁱⁱ Of the Australian community, 96% want women to have access to alternatives to abortion.ⁱⁱⁱ

Currently, across the various states and territories, abortion is either legal or extensively practised. However, legislation that decriminalises abortion (such as in Victoria) fails women by ignoring basic safeguards including informed consent and voluntary, independent counselling. Moreover, 78% of Australians support a process in which women contemplating abortion are given counselling^{iv} with 86% believing that this counselling should be independent of abortion providers.^v

Women's Forum challenges the rhetoric of 'choice' promoted by an abortion industry that has a vested interest in promoting abortion as a procedure without repercussion. Abortion and women's experiences of abortion should not be trivialised and treated as though they are a simple medical procedure. A woman knows that abortion is much more than that because it involves a decision about her unborn child.

Women's Forum believes women should have complete and accurate information and counselling about the abortion decision which

includes the physical and psychological risks of abortion.

"A growing body of Australian and international research strongly suggests that abortion can have serious and broad ranging impacts on women's health and well-being."

There is relative consensus among post-abortion psychology researchers that at least 10-20% of women who have had an abortion suffer from severe negative psychological complications.^{vi}

Moreover, risks of physical harm associated with abortion include infection, placenta previa, and possibly miscarriage, premature delivery and low birth weight in future pregnancies.^{vii} In addition, there appear to be more deaths from all causes, after abortion, compared with childbirth.^{viii}

The vast majority of abortions are performed on healthy mothers and babies over the age of 18.^{ix}

Specified medical conditions, foetal abnormality and rape are 'hard cases' that motivate relatively few abortions.^x An Australian research project found that 5% of women presenting at abortion clinics gave the reason 'result of forced sex' for desiring an abortion. Again, 5% stated the reason 'worried about health of pregnancy' for desiring an abortion.^{xi}

Notwithstanding the difficulties and challenges involved in all of these situations, the vast majority of abortions are performed on healthy women over the age of 18 who have healthy babies.^{xii} The South Australian Department of Health reported in 2007 that 26.1% of terminations were performed on women aged 30-39. This underscores the need for social policy initiatives which address the underlying reasons women seek abortion.

Women's Forum points out the decision to abort is marked by a high degree of ambivalence and the reasons women give for seeking an abortion are more complex than simply not intending to become pregnant.^{xiii} Research has exposed the social and economic pressures that prompt women to seek an abortion: financial concerns, uncaring or violent relationships, unsupportive work places, schools and universities.^{xiv}

An important question that should unite all Australians is:

What can our families, our communities; our governments and our culture do so that women can freely complete their pregnancies?

The negative impacts of abortion on significant numbers of women underscores the need for public policy, and structural and cultural changes to enable women to have real choice without undue pressures.

Women's Forum believes initiatives that offer pregnant women life affirming alternatives to abortion and support their freedom to be mothers include:

- Improving the provision of accurate and complete information regarding abortion, providing independent counselling for women seeking an abortion, and promoting alternatives to abortion including adoption and pregnancy support services.
- Reducing financial pressure on women and families through measures such as the Baby Bonus, Family Tax Benefit, Paid Parental Leave, income splitting for tax purposes and tax deductibility of childcare.
- Offering support and flexibility for mothers so they are able to continue with paid work and study, for example through Paid Parental

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Leave, part-time, work-from-home, and on-line learning options.

- Improving the provision of information and support for women with pregnancies where foetal abnormality is suspected.
- Educating men and boys about fatherhood and their role in providing support to their partners.
- Increasing the provision of healthy relationships programs in high schools.
- Developing and implementing effective community strategies to address domestic violence and sexual assault; and
- Undertaking national research to understand better the pressures influencing women to have an abortion, and how those pressures can be addressed and ameliorated.

Women's Forum seeks an evidence-based approach to the abortion debate that results in positive cultural change, for women's well-being and freedom.

ⁱ Fleming J & Tonti-Filippini, N (2007), *Common Ground? Seeking an Australian Consensus on Abortion and Sex Education*, New South Wales: St Pauls Publications, p. 44.

ⁱⁱ *Ibid*, p. 58.

ⁱⁱⁱ *Ibid*

^{iv} *Ibid*, p. 74.

^v *Ibid*.

^{vi} Coleman PK, Reardon DC, Strahan T & Cogle JR (2005), 'The psychology of abortion: a review and suggestions for future research,' *Psychology and Health* 20(2):237-271

^{vii} Ananth CV, Smulian JC and Vintzileos AM (1997), 'The association of placenta previa with history of caesarean delivery and abortion: a metaanalysis,' *Am J Obstet Gynecol*, 77 (5): 1071-8; Ekwo EE, Gosselink CA, Moawad A (1993), 'Previous pregnancy outcomes and subsequent risk of preterm rupture of amniotic sac membranes,' *Br J Obstet Gynaecol*, 100 (6): 536-41; Sun Y *et al.* (2003), 'Induced abortion and risk of subsequent miscarriage,' *Int J Epidemiology*, 32 (3): 449-54; Wallach EE (1990), 'Fertility after contraception or abortion,' *Fertility and Sterility* 54 (4): 559-573.

^{viii} Reardon DC *et al* (2002) 'Deaths associated with pregnancy outcome: a record linkage study of low income women,' *Southern Medical Journal*, August, 95(8): 834-841

^{ix} Fleming & Tonti-Filippini (2007)

^x Parliament of South Australia (2004), 33rd Annual Report of the Committee Appointed to Examine and Report on Abortions Notified in South Australia for the Year 2002.

^{xi} Allanson S & Astbury J (1995), 'The abortion decision: reasons and ambivalence' *J Psychosom Obstet Gynecol*, 16: 123-136.

^{xii} Fleming J, 'Analysis of new data: sex education, counselling, RU-486 and stem cell research' in: J Fleming and N Tonti-Filippini, (2007), p. 101.

^{xiii} Bankole A, Singh S & Taylor H (1998), 'Reasons why women have induced abortions: evidence from 227 countries,' *International Family Planning Perspectives*, 24(3).

^{xiv} Adelson P, Frommer M and Weisberg E (1995), 'A survey of women seeking termination of pregnancy in New South Wales,' *Medical Journal of Australia*, 163: 419-422; Larsson M, Aneblom G, Odland V and Tyden T (2002) 'Reasons for pregnancy termination, contraceptive habits and contraceptive failure among Swedish women requesting an early pregnancy termination,' *Acta Obstet Gynecol Scand*, 81:64-71; see also Ewing S (2005), *Women and Abortion; An evidence based review*, Women's Forum Australia, Sydney, p. 6-11.