

Pregnancy Advisory Centre

Information for Students and Researchers on Unplanned Pregnancy and Abortion

The Pregnancy Advisory Centre has developed this resource to assist students, researchers or anyone interested in understanding the South Australian, Australian and global circumstances, facts and figures of unplanned pregnancy and abortion.

The following information provides links to resources, services, organisations and their websites, where indicated, to access the most current information available. Some of the earlier information contained here remains as relevant today as when it was written and/or published.

Facts and Figures

Unplanned and unwanted pregnancy is the primary reason for abortion. It is estimated that half of all pregnancies in Australia are unplanned and that half of those are terminated.

Between one quarter and one third of Australian women will experience an abortion in their lifetime.

Chan, L Sage 'Estimating Australia's abortion rates 1985-2003' Medical Journal of Australia 2005; 182 (9): 447-452.

Unplanned pregnancy occurs due to contraceptive needs being unmet, e.g. failure of or limited/no access to appropriate contraceptive information/options.

The World Health Organisation reports that if all contraceptive users used contraception perfectly in every sexual encounter, there would still be six million unintended pregnancies each year, (*WHO 2010*).

Pregnancy Outcomes for all pregnancies in South Australia, including terminations of pregnancy can be found at the Pregnancy Outcome Unit for South Australia [here](#)

Every year the South Australia Abortion report is tabled in the South Australian Parliament.

Further Facts and Figures related to unplanned pregnancy and abortion can be found at:

- > [Unplanned Pregnancy in Australia](#)
- > [Children By Choice](#)
- > [Human Rights Law Centre](#)

Abortion – A Global Issue

There are 211 million pregnancies worldwide; 121 million of (almost half) of these are unplanned.

Almost half or 61% of these 121 million unintended pregnancies will end in abortion.

“Unintended pregnancy and abortion are reproductive health experiences shared by millions of people every year in every part of the world, irrespective of personal status or circumstances what differs are the obstacles people face—legal, social, economic or other—in exercising their reproductive autonomy.” Bearak, J., Popinchalk, A., Ganatra, B., Moller, A. B., Tunçalp, Z., Beavin, C., Kwok, L., & Alkema, L. (2020). Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019. *The Lancet Global Health*, 8(9), e1152–e1161.

[https://doi.org/10.1016/s2214-109x\(20\)30315-6](https://doi.org/10.1016/s2214-109x(20)30315-6)

225 million women worldwide have an unmet need for modern contraceptives.

<https://www.guttmacher.org/report/unmet-need-for-contraception-in-developing-countries>

Worldwide, since 1990, as access to contraceptives has increased and the rate of unintended pregnancy has fallen. But progress is not uniform. Women in the poorest countries were nearly three times as likely to face unintended pregnancies as those in the wealthiest countries, revealing major and persistent inequities in access to sexual and reproductive health care.

<https://www.guttmacher.org/news-release/2020/new-estimates-show-worldwide-decrease-unintended-pregnancies>

Not all people who need reproductive health care including abortion identify as women. Transgender, non-binary, and gender-expansive people who were assigned female or intersex at birth experience pregnancy and have abortions. [https://www.ajog.org/article/S0002-9378\(20\)31126-1/pdf](https://www.ajog.org/article/S0002-9378(20)31126-1/pdf)

Public Health Association of Australia Policy at a glance: Abortion Policy, September 2014
[Available online](#)

- > Guttmacher Institute: Induced Abortion Worldwide 2020 [fact sheet](#)
- > Centre for Reproductive Rights. [The World's Abortion Laws](#)

Legal Status of Abortion in South Australia and Australia

Between 2008- 2021- Abortion ceased being regulated by statutory provisions or common law rulings in the Criminal Codes of most states. Abortion is now completely decriminalised in all states/territories of Australia.

In South Australia, abortion was decriminalised in March 2021 which modernised outdated laws that required two doctors to agree that a woman's physical and/or mental health endangered by pregnancy, or for serious foetal abnormality. South Australian health services are currently awaiting government regulations to be determined to allow this new act to become operational in its entirety.

Abortion in South Australia will be regulated under the Termination of Pregnancy Bill 2021 and is a health care decision for the person involved up to 22.6 weeks gestation.

After 22.6 weeks 2 doctors are required to consent to the abortion and both must consider if there is a risk to the pregnant person's life, whether it's necessary to save another fetus, or if there are risks to the person's physical and mental health or if there is a risk of serious fetal anomalies associated with the pregnancy. Consideration is also given to all relevant medical circumstances and the professional standards and guidelines that apply to the doctors.

Sex Selective abortions are prohibited unless there is a risk of a sex-linked medical condition.

[Summary of Australian and South Australian Abortion Laws](#)

For information about the decriminalising of abortion in South Australia and what this means see the [South Australian Abortion Action Coalition](#).

The experience of unplanned pregnancy and abortion

Some reasons people take into consideration in their decision about abortion include, spacing of pregnancies, financial resources, emotional and physical well-being, non-consensual sex or sexual abuse, and safety issues such as living in a violent relationship.

"Decisions were made in the context of their lives as a whole; influences were usually contingent and multiple. Reasons related to the woman herself, the potential child, existing children, her partner and other significant relationships, and financial matters."

Reasons women give for contemplating or undergoing abortion: a qualitative investigation in Victoria, Australia - Kirrkman, M., Rosenthal, D., Mallett, S., Rowe, S., Hardiman, A. 2010 Copyright © 2010 Elsevier B.V. All rights reserved. [Full article available for purchase.](#)

J Michelson 'What women want when faced with an unplanned pregnancy' *Sexual Health* 4(4) 297 - 297. Published by CSIRO, November 2007. Marie Stopes International, 2005

[Late abortion: a research study of women undergoing abortion between 19-24 weeks gestation](#)

[Understanding the need for later gestation abortion](#) South Australian Abortion Action Coalition fact sheet

RANZCOG (Royal Australian and New Zealand College of Obstetricians and Gynaecologists) position statement on [Late Abortion](#)

[The Turnaway Study](#) is ANSIRH's (Advancing New Standards in Reproductive Health) prospective longitudinal study examining the effects of unintended pregnancy on women's lives. The major aim of the study is to describe the mental health, physical health, and socioeconomic consequences of receiving an abortion compared to carrying an unwanted pregnancy to term.

Domestic and family violence and unplanned pregnancy

The relationship between domestic violence and poor reproductive health outcomes is well established. About a third of Australian women seeking pregnancy counselling report being affected by domestic violence, sexual assault, and/or reproductive coercion.

The option to access abortion can be extremely important for a woman's capacity to escape family violence. The abuse of a partner can often be the cause of the unplanned pregnancy, due to any number of acts of reproductive coercion – including withholding contraception, tampering with contraceptives, and rape.

For a woman trying to escape abuse, pregnancy can be used as a mechanism by her partner to trap her in the relationship. Her access to abortion is likely to be restricted by her partner's controlling behaviours including surveillance, manipulation and control of her movements, medical appointments, finances and travel, in addition to ongoing threats and acts of violence toward her and/or her children. All these factors can mean that it is difficult for a woman to access abortion services early in her pregnancy that later gestation abortion becomes her only option. Roberts, S., Biggs, M., Chibber, K., Gould, H., Rocca, C., & Greene Foster, D. (2014). Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Medicine*, DOI: 10.1186/s12916-014-0144-z

For more information please see Children By Choice about the links between unplanned pregnancy and [violence](#) and issues related to [reproductive coercion](#).

Safety of abortion – physical

Abortion in Australia and in other developed countries has for many years been established as a safe and common health care procedure.

The World health organisation states: "Whether abortion is legally restricted or not, the likelihood that a woman will have an abortion for an unintended pregnancy is about the same. Unsafe abortion and associated morbidity and mortality in women are avoidable. Safe abortion services therefore should be available and accessible for all women".

Safe Abortion: Technical and Policy Guidance for Health Systems World Health Organisation (2nd ed.), Geneva 2012 p21. [Available online](#).

[RANZCOG Position statement on Abortion](#).

[Myths and Facts](#) about abortion

Safety of Abortion - [overview of facts](#)

Safety of abortion – mental health and emotional wellbeing

The majority of people cope well emotionally following an abortion. Some people may experience a range of emotions following abortion.

The perception of stigma that exists around abortion perpetuates the idea that if you do choose to have an abortion that it should be followed by a negative emotional response, in particular regret, and yet this is not supported for the majority of women.

The best scientific evidence published indicates that among adult women who have an *unplanned pregnancy* the relative risk of mental health problems is no greater if they have a single elective first-trimester abortion than if they deliver that pregnancy.

To meta analyse or not to meta analyse: Abortion, birth and mental health (2012)

The most reliable predictor of post abortion mental health problems was having a prior history of mental health problems.

Decision Rightness and Emotional Responses to Abortion in the United States: A Longitudinal Study. Foster, DG et al, (2015)

National Collaborating Centre for Mental Health for the Academy of Medical Royal Colleges (2011): *Induced Abortion and Mental Health: A Systematic Review of the Mental Health outcomes of induced abortion, including their prevalence and associated factors.*

American Psychological Association: Task Force on Mental Health and Abortion. *Report of the Task Force on Mental Health and Abortion.* Washington, 2008.

Societal and community attitudes to abortion

There is strong majority support (about 80%) among the Australian community for abortion to be legal, readily available and a personal decision.

The most recent public opinion research in South Australia showed 89% support for the availability of abortion in all or certain circumstances.

Very few people oppose abortion outright (consistently between 4% and 5% in the Australian Election Study conducted every three years since the 1970s) and this absolute opposition is strongly affiliated with religion.

Further information available here *Children by Choice.*

Cameron SM, McAllister I. *Trends in Australian Political Opinion: Results from the Australian Election Study 1987–2019.* Canberra (AUST): The Australian National University; 2019.

Cations et al 2020 <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1753-6405.12997>

Australian attitudes to early and late abortion (2010), De Crespigny, L. Wilkinson, D., Douglas, T. and Savulescu, J., [View full article.](#)

Attitudes to Abortion: Australia and Queensland in the 21st Century (2009) K. Betts. *People and Place* Vol 17 no 9. [View full article.](#)

[K Betts, 2004, Attitudes to Abortion in Australia: 1972 to 2003" People and Place 22, 2004.](#)

Social and political issues

Non-availability of abortion services has been shown to increase maternal morbidity and mortality. Access to abortion services should be on the basis of health care need and should not be limited by age, socioeconomic disadvantage, or geographic isolation. Equitable access to services should be overseen and supported by health departments in each jurisdiction in the same way it is for other health services. Women have the right to access any medical services without their privacy being infringed or being subjected to harassment.

[https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOGMEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Abortion-\(C-Gyn-17\)Review-March-2019.pdf?ext=.pdf](https://ranzcoq.edu.au/RANZCOG_SITE/media/RANZCOGMEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical%20-%20Gynaecology/Abortion-(C-Gyn-17)Review-March-2019.pdf?ext=.pdf)

Abortion is an essential component of women's health care. Like all medical matters, decisions regarding abortion should be made by patients in consultation with their health care providers and without undue interference by outside parties. Like all patients, women obtaining abortion are entitled to privacy, dignity, respect, and support. <https://www.acog.org/advocacy/facts-are-important/abortion-is-healthcare>

Australian state laws support all patients having the right to give informed consent for any medical treatment (including abortion). This means that patients must be given sufficient, accurate information to make an informed decision

Anti-Choice Strategies

Abortion and the full humanity of women Jo Wainer (2007)_Sexual Health., Vol. 4 No. pages 219-221 Published 8 November 2007. [View full article.](#)

Understanding and Responding to Anti-choice Women Centred Strategies [View abstract.](#)

The Violence of Misinformation: Compulsory Independent counselling and the current abortion debate. Brooke Calo. Women against Violence Journal: issue 19, 2007 (10-19). [View abstract.](#)

Further information and useful links on unplanned pregnancy and abortion

- > South Australian Abortion Action Coalition [Facts Sheets](#)
- > SHine SA [Pregnancy Options](#)
- > [Australian Women's Health Network](#)
- > [SPHERE Sexual and Reproductive Health for women in primary care](#)
- > [Marie Stopes Australia](#)
- > [British Pregnancy Advisory Service](#)
- > [Gutmacher Institute](#)

Disclaimer

The Pregnancy Advisory Centre produces and reviews this resource and links to other websites and articles as an *educative resource only*. The resources listed here are aimed at health/welfare/ community professionals and students who are interested in learning more about abortion in Australia and globally.

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<https://www.sahealth.sa.gov.au/pregnancyadvisorycentre>



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of South Australia

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