Australian abortion statistics

It is estimated that half of all pregnancies in Australia are unplanned and that half of those are terminated[1]; also that between one quarter and one third of Australian women will experience an abortion in their lifetime[2].

There is no standardised national data collection on unplanned pregnancy and abortion in Australia, and different states have different laws and regulations – and therefore different reporting mechanisms – regarding abortion procedures.

Doesn't Medicare data exist?

Surgical abortion is a rebatable procedure under Medicare [3].

However, the Medicare item numbers used to process abortions are not exclusively used for abortive procedures; they are also used with procedures used for treatment of miscarriage and for some other gynaecological procedures. Because there are no explanatory notes or subcategories assigned to these item numbers for the purposes of data collection, there is no way of knowing how many of these procedures are terminations and how many are not [3].

Additionally, public hospital procedures are not processed using Medicare item numbers [3] - not a large problem statistically in Queensland as the state health department estimates that only around 1% of our terminations are performed in public hospitals, but a bigger issue when looking at nation-wide abortion data for Australia.

Medication abortion is not covered by Medicare, although the medications are listed on the Pharmaceutical Benefits Scheme so some information about dispensed doses is available at a national level. There are however limitations with this data when looking at the state-based distribution statistics; in Queensland, for example, the data is artificially inflated because one large pharmacy group supplies prescription medicines used for medical abortion to service providers in other states, whilst processing the PBS prescriptions in Queensland.

Given these shortcomings, using Medicare data alone can be very misleading. Public hospital abortion figures can be estimated using public hospital morbidity data, although one study found this over-estimated the number of publicly provided abortions (largely due to readmissions) [3].

How are estimates calculated?

Because of these data limitations, national estimates are difficult to compile and must be academically calculated. This is most often done using a combination of Medicare data, public hospital morbidity data, and private health insurance claims. The most recent estimate was calculated in 2005, before medication abortion was available in Australia [3].
The 2005 estimate found that 83,210 induced abortions were performed in a year, with women aged 20-29 years the most likely to present for abortion [3]. The resulting estimated abortion rate in Australia was about 19.7 per 1000 women aged 15-44 [3], which is relatively high when compared with other countries where abortion is legal and easier to access. For example, in 2005 Germany and the Netherlands both had abortion rates less than half that of Australia’s [3], and both countries have easily accessible contraception and abortion services as well as comprehensive sex education.

While this estimate is widely used, however, the abortion rate could have altered considerably in ten years (as it has in South Australia, see below); additionally, the ability to calculate this using the methods in that report has changed with the increasing availability of mifepristone (medication abortion).

**State-based abortion data**

The only state to regularly collect and publish their abortion data is South Australia, where the state health department releases an annual report on the state’s pregnancy outcomes. While their model of providing abortion procedures is vastly different from other states (SA is the only state where publicly provided abortions count for the majority of abortions), there is no reason to suppose the actual abortion rate differs hugely to other states, so their data is generally extrapolated to give a national estimate.

The South Australian data is also the source of the widely-used estimates that around one quarter of pregnancies are terminated and that up to one in three women will have an abortion at some point in their lifetime - see this Pregnancy Outcomes report from 2001 as an example - although it should be noted that in the years since this became widespread the rates have lowered. The most recent report available, from 2013, suggests that 27.6% of women would have a termination based on their data from that year [4].

**How many abortions take place in Queensland each year?**

In 2015 we had two public health students on placement examine this question and attempt to pull together all the available data on abortion in Queensland. Their conclusion was that, due to a number of contributing factors including those outlined on this fact sheet, 'a statistically significant estimate could not be made'.

It is generally accepted that somewhere between 10,000 and 14,000 abortions take place each year in Queensland, but without standardised data collection and reporting it is impossible to narrow that broad estimate down any further.

The lack of accurate information about abortion rates also makes it difficult to plan for service delivery and to monitor whether public health interventions are successful in reducing the unplanned pregnancy and abortion rate, at both state and national levels.

**Why are there still so many abortions when contraception is readily available?**

While the prevention of all unplanned pregnancies is desirable, it is unrealistic to expect that all sexually active women will never experience an unplanned pregnancy.

No contraception is 100% effective and contraception can fail even when used correctly and consistently. The World Health Organisation estimates that even if all contraceptive users used contraception perfectly in every sexual encounter, there would still be six million unintended pregnancies every year [5].

Studies of Australian and New Zealand women seeking abortion have shown that over half of women
presenting for abortion had been using contraception prior to becoming pregnant [6], [7].

The reality is that we are all human beings and make mistakes or errors of judgment, and that even when used correctly and consistently, all contraceptive methods can fail. One study found that almost one in four (23.8%) of 10,173 Australian men who had used condoms in the previous year reported having experienced at least one condom breakage [1].

Many women may not be in a position to negotiate contraceptive use, due to the effects of alcohol or other drugs, lack of power in relationship decision-making, or being forced or coerced into having sex. Other barriers to women accessing contraception include lack of information about options, geographic location (particularly women living in rural areas), cost, privacy concerns, or medical practitioners refusing to prescribe due to their personal beliefs and values.

References:


Last modified on: 19 September 2017