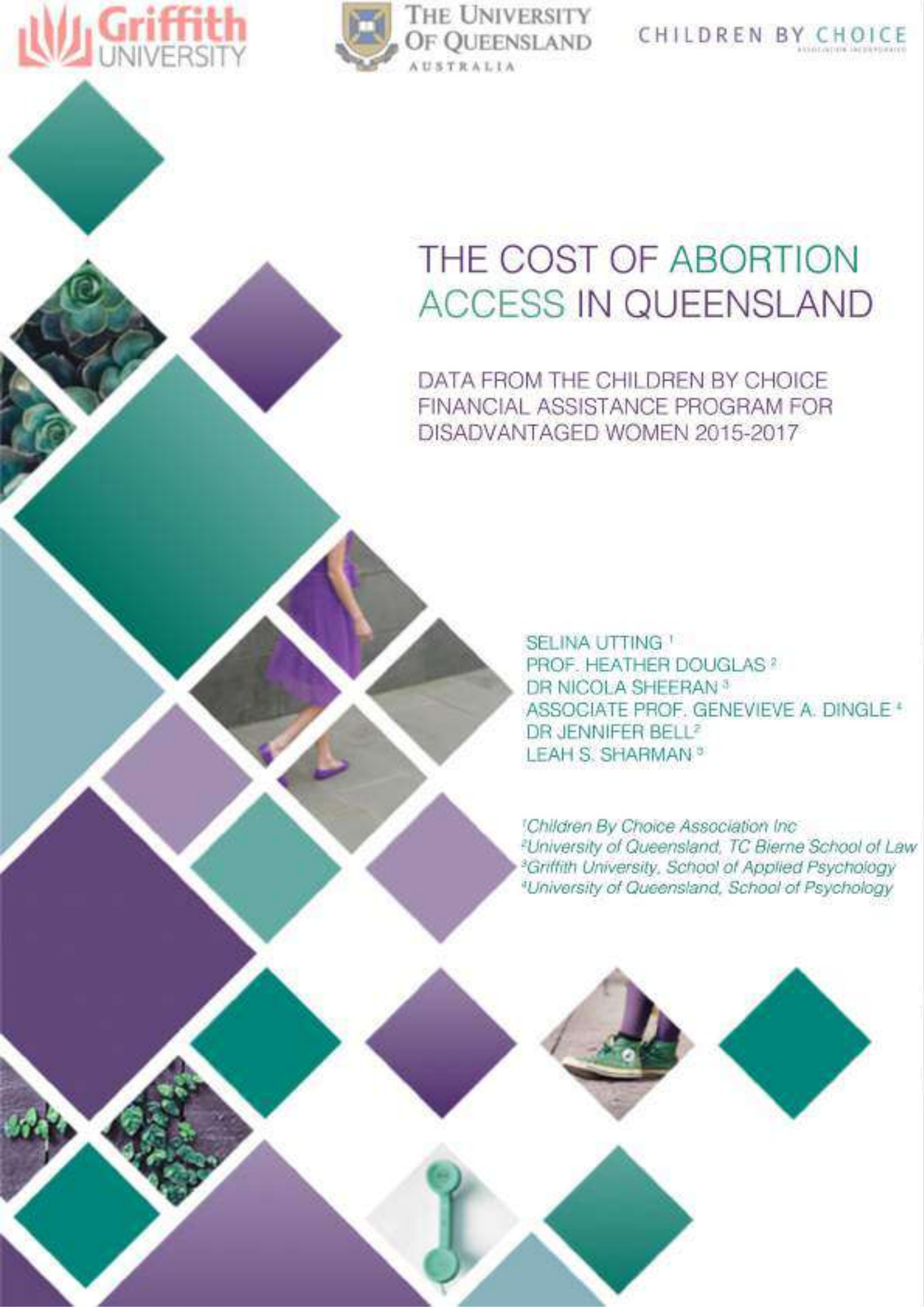


THE COST OF ABORTION ACCESS IN QUEENSLAND

DATA FROM THE CHILDREN BY CHOICE
FINANCIAL ASSISTANCE PROGRAM FOR
DISADVANTAGED WOMEN 2015-2017



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Please contact Children by Choice if you have an enquiry about this report:
<https://www.childrenbychoice.org.au/contact> or tel: 07 3357 9933

BACKGROUND: CHILDREN BY CHOICE

Children by Choice is an independent non-profit organisation. The vision of Children by Choice is that all women and pregnant people can freely make their own reproductive and sexual health choices.

Children by Choice is committed to providing unbiased information on all unplanned pregnancy options including abortion, adoption and parenting. The organisation works from a pro-choice and client-centred framework of practice. Staff work to advance reproductive choices in Queensland and to improve access to safe and legal abortion. Children by Choice provides a number of services including:

- Non-judgemental all options counselling, information and referrals for Queensland women and pregnant people experiencing unplanned pregnancy, and post-abortion counselling, through its Queensland-wide telephone line and in person at its Brisbane office.
- Community education for the public and young people and professional development training for health and community sector professionals.
- Financial assistance for disadvantaged clients seeking abortion or long acting reversible contraception. This program includes emergency relief which disperses public donations made to the Queensland Abortion Fund to clients, partnerships with medical providers who donate discounted procedures, assistance to access other organisations to source financial assistance, and a No Interest Loan Scheme (NILS) [1].

Those applying through NILS need to go through a review and budget analysis to assess their capacity to repay the loan, determined by Children by Choice counsellors. The Women's NILS 4 Health program is an accredited No Interest Loan Scheme and loans of up to \$250 (or more in some cases) are available for women who are seeking abortion or long acting reversible contraception and:

- Live in Queensland
- Hold or are eligible for a Centrelink concession card (e.g. Health Care Card, Pension Card)
- Have the capacity to repay at a minimum of \$15 a fortnight.

Information regarding the circumstances surrounding persons seeking pregnancy termination are recorded by Children by Choice counsellors. These data are recorded with no identifying information of the person to ensure anonymity and privacy. The data collected includes type and amount of financial support, reasons for termination, postcode of residence, clinic where procedure was performed, gestation at the time of first contact and at termination, age, number of children, marital status, and life circumstances.



UNDERSTANDING ABORTION ACCESS IN QUEENSLAND

There is currently little evidence or research both within Australia and internationally on circumstances around seeking and undergoing a pregnancy termination. One of the reasons for this dearth of literature is the legal status of terminations. In many countries abortion is unlawful [2] and this is true for several states in Australia. For Queensland in particular, where the data presented in this report was collected, there are still crimes of abortion in the state's criminal code[3]. Indeed, in 2010 a Queensland woman and her partner were charged with abortion offences under the Queensland Criminal Code[4]. Although the couple were later acquitted, the case was a stark reminder that police in Queensland do have a discretion to charge people who have, or help, a person to terminate a pregnancy. At the time of writing this report, the Queensland Law Reform Commission had handed down a report setting out recommendations for the decriminalisation of abortion in Queensland, with the *Termination of Pregnancy Bill 2018* introduced into Queensland Parliament in August for debate and vote in October 2018[5].

Further reason for the scarcity of research can also be attributed to a reluctance to contact services or discuss termination. While Children by Choice was contacted by over 1600[6] people seeking advice, information, and counselling regarding unplanned pregnancy in 2016-2017, we know this is likely to be an underrepresentation of those in need. There are also ethical issues and social stigma around termination, with some people objecting to abortion on religious grounds or having a conscientious objection to abortion[7], which influences the research environment.

Finally, compounding difficulties in understanding the context of abortions, it is also clear that in many states in Australia there is a lack of infrastructure to support data collection regarding terminations of pregnancy. In fact, South Australia is the only state in Australia that collects information about terminations in a systematic way. The information collected regarding pregnancy outcomes is presented within an annual report released by the South Australian Health Department, with the information provided including numbers and rates of termination, age of the person, their place of residence, the reason for termination, gestation, method and complications and numbers of previous terminations[8]. However, the annual South Australian reports do not record the financial cost of the termination.

The Tiller Fund

Dr George Tiller, an abortion provider and abortion activist in the United States (US), was murdered by an anti-abortion extremist in 2009. The George Tiller Memorial Abortion Fund, also known as the Tiller Fund, was set up in his honour and has since helped many American women pay for a termination of pregnancy. In a recent report, the Tiller Fund Report[9], researchers looked at 3,999 cases where funds were accessed for abortions. The Tiller Fund Report is one of the only reports to explore the financial cost to women seeking a pregnancy

termination and explored a range of measures relating to women seeking financial assistance through the Tiller Fund to procure an abortion.

The Cost of Abortion in Queensland Report

The Cost of Abortion in Queensland Report reports on a secondary data analysis of 553 grants showing how Children by Choice has assisted women¹ to access funding for terminations between 2015 and 2017 and compare it with findings from South Australia and the US Tiller Fund Report. This report first provides demographic information regarding *who* was funded for a termination. We then report the *costs* associated with procuring a termination and explore factors such as gestation and distance travelled. Finally, we take a *trauma-informed perspective* to explore the person's *life circumstances* at the time of seeking the termination.

¹ We acknowledge that although many persons may have been in contact with counsellors regarding pregnancies who identify as gender-nonbinary, recording of gender within these Data have been restricted to binary (male/female) recordings, so for the purposes of consistency with these data, we primarily refer to 'women' within this report.

WHO WAS FUNDED?

Age

Age was recorded in years, with the average age of those who accessed financial assistance 27.22 years (ages ranged from 13 to 46 years). *51% of those accessing financial assistance for an abortion were aged between 20-29 years, while 12% were adolescent or teenagers (13-19 years).* The proportion of older individuals (over 35 years) who received funding for a termination in the Children by Choice data is also notable, at 10%, with 37% being 30 years or older.



compared to the US (25%).

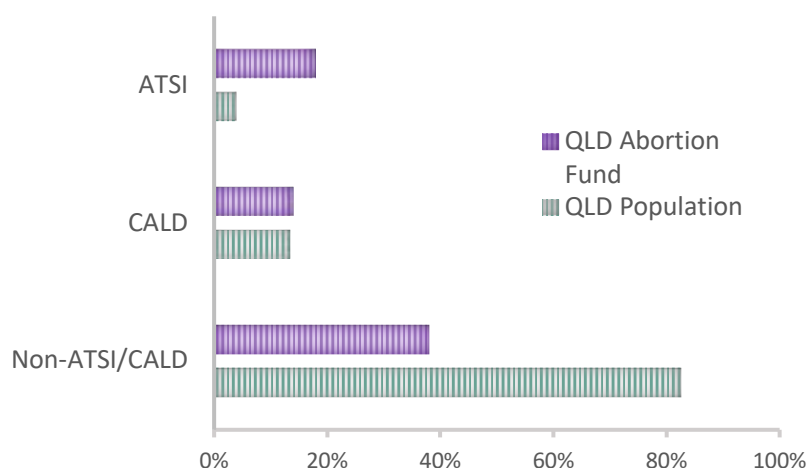
Our findings are comparative to data from both South Australia and the US [8, 9] where 51.4 % and 53% respectively were in the 20-29 age range. Further, our rates of adolescents and older pregnant people were also similar to South Australia (9.8% and 38.7% respectively). However, our sample showed fewer younger persons compared to the US, where 22% were reported to be adolescents aged 11-19 years). Our sample also contained a significantly higher proportion in the older age category (over 35)

Aboriginal or Torres Strait Islander (ATSI)

The Children by Choice data provides information about whether the person seeking financial assistance for a termination identifies as ATSI. *A notable proportion (18%) of persons seeking a termination identified as ATSI.* Given that ATSI people make up only 4% of the Queensland population and 2.8% of the Australian population[10]. This finding matches the lower socioeconomic circumstances of Australia's Indigenous peoples. Research shows that ATSI people have significantly higher unemployment rates than non-ATSI Australians; they also earn lower household incomes and are more likely to receive a government pension or allowance, as their main source of income [11]. Comparably, the Tiller Fund [Report](#) found that the largest proportion of those accessing funds for terminations were African American[9].

Culturally and Linguistically Diverse (CALD)

The Children by Choice data provides information about whether the person seeking a termination identifies as being from a CALD background. 14% of people seeking financial support identified as being from a CALD background. This rate is comparable to census data from 2016 suggesting that 13.5% of people in Queensland spoke a language other than English at home [12].



Gestational Age

The majority of those seeking a termination were in their first trimester (less than 13 weeks) of the pregnancy (79%) at first contact with Children by Choice. However, the gestation at first contact with Children by Choice ranged from 3 to 22 weeks, with an average of 9.37 weeks. Gestation when the termination was performed ranged from 4.14 to 23.42, with an average of 10.38 weeks (median = 9.85 weeks). The time that passed between first contact with Children by Choice and the termination was, on average, 1.03 weeks (median = 0.85 weeks).

South Australian data reports that 91% of terminations were performed in the first 14 weeks of pregnancy; comparable though higher than the 84.1% in our sample [8]. The Tiller Fund Report from the US found that the majority seeking funding for an abortion through their fund were in their second trimester (70%). However, the report notes that the Tiller Fund prioritises funding for those requesting funds for second trimester procedures [9]. Comparative data provided in the Tiller Fund Report on US national demographics of people who have abortions appears similar to our data.

Number of children

Those seeking funding for a termination through Children by Choice had on average 2.19 children (with the range being from 0 to 10 children). *60.6% of the clients seeking funding had two or more children, with nearly one in ten (9.3%) having 5 or more children.*

Comparable data from the Tiller Fund Report shows that a smaller proportion (40%) seeking financial assistance from the Tiller Fund had two or more children [9]. The 2016 Australian census reported that the average number of children per family for families with children was 1.8 children [12].



COSTS ASSOCIATED WITH A TERMINATION

In Queensland, where the vast majority of terminations are performed by private providers, the cost depends on a range of factors including gestation, service, and location.

Our data indicates that the cost to procure a termination ranged from \$175 to \$8,210, with an average cost of \$651.13 (median = \$470). Clinic donated cost reductions ranged from \$50 to \$4,250 and were given to 29.8% of women, which reduced the average cost of a termination by approximately a third (\$463.72). On average, clients contributed \$127.27 towards their procedure (though this amount ranged from \$0-\$4,000); approximately one-third of the reduced cost of the procedure. (The median client contribution was \$50). On average, the man involved in the pregnancy contributed \$14.94 (median contribution \$0), with 92% of women received no financial support for the procedure from the man involved in the pregnancy (range \$0 to \$700).

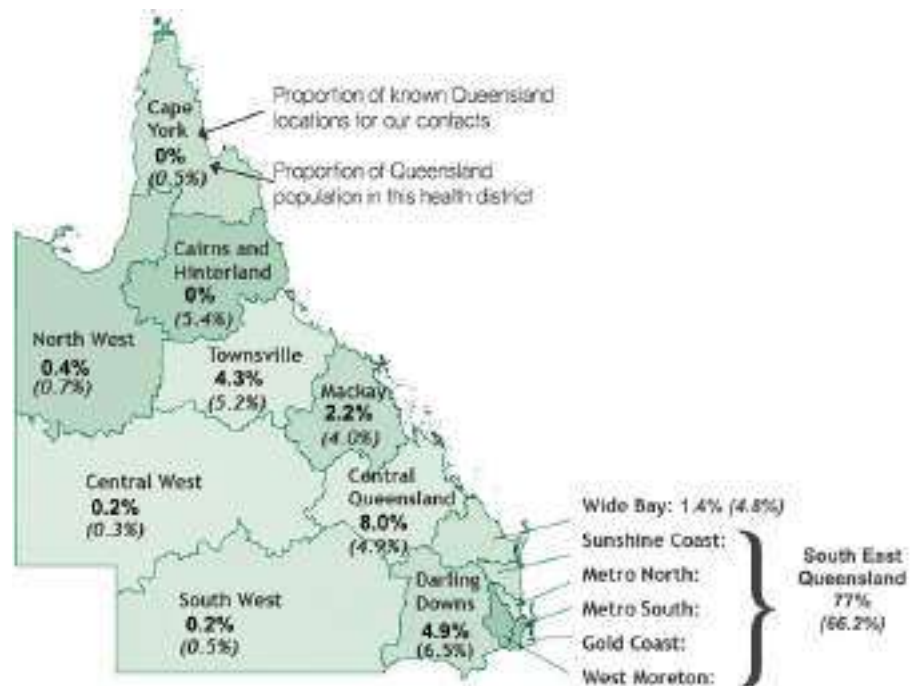
Of clients seeking financial assistance for an abortion through Children by Choice, 64.4% of clients received a loan through NILS. The average loan received was \$185.39 (median loan received was \$150, ranging from \$50 to \$1000).

Those who received a NILS loan experienced significantly less time between the first contact with Children by Choice and the procurement of the termination (NILS clients = 0.97 weeks compared to non-NILS clients of 1.17 weeks). Furthermore, persons who received NILS were on average 10.15 weeks' gestation at the time of the termination, compared with 10.80 weeks for non-NILS clients.

These comparisons suggest that a smoother process through the termination experience is enabled by the additional financial assistance option via NILS that is often available through Children by Choice. However, further findings show that NILS clients are lower on all the risk factors associated with abortions such as domestic violence (DV), ATSI status, housing status, and mental health. This finding matches other financial exclusion research that those most vulnerable cannot access low cost borrowing. For example, not passing the budget criteria, not having secure incomes/capacity to pay, lack a health care card, or who are not experienced in engaging with financial assistance services[1].

DISTANCE TRAVELLED

The geographical location of those seeking funding from Children by Choice for a termination was also collected. While the majority of people seeking funding was concentrated in South East Queensland parallel to the Queensland population (SEQ; 77%, comprising Metro South 39.2%, Metro North 13%, West Moreton 6.9%, Gold Coast 14.6% and Sunshine Coast 3.3%), the need for termination services is widespread with a varied geographical distribution of persons in the state of Queensland seeking a termination (shown in the graph below, based on Queensland health administrative regions).



These are similar findings to South Australia, where 81.1% of those procuring a termination reside in Metropolitan areas. In that state, 97.1% of procedures are performed in metropolitan public hospitals with only 2.1% of procedures being performed in country areas[8].



On average, clients travelled 88.84km each way to procure a termination (median distance - 28km, though this ranged from 0km up to 1679 km). *Those in second trimester of pregnancy travelled significantly further to procure a termination (average- 157.43kms; median distance travelled- 35km) than those in their first trimester (average 79.44km; median- 26km).*

These findings are similar to those reported in the Tiller Fund Report, which showed that women in their second trimester travelled three times further than those in their first trimester[9]. While the distance figures are greater in the Tiller Fund Report, the trend is the same. That is, after the first trimester has passed, a person will travel much further to access a termination.

We also found a small but significant relationship between the distance a woman has to travel and the time between gestation at the first contact with Children by Choice and gestation at the time of the actual termination of pregnancy. Whereby, the greater the distance a woman has to travel, the greater the length of time between the first contact with Children by Choice and the termination itself; alternatively, the less the distance a woman has to travel, the less the length of time between first contact with Children by Choice and termination of pregnancy.

Those outside of SEQ had to travel almost **6 times further** to procure an abortion. *Specifically, those living in SEQ travelled on average 43.16km each way compared with those outside of SEQ who travelled on average 250.63km.* While this is, of course, not surprising given the concentration of services within the SEQ region, what it does reiterate is that, coupled with the fact that a greater distance to travel equates to a longer length of time to actually procure the termination, geographical location compounds the disadvantage of those seeking to procure a termination.



Women and girls aged 13-19 years who are seeking to procure a termination travel further on average than those who are older – that is, teenagers from the sample travelled on average 143.03km (median = 29km) compared to those 20+ years of age who travelled 82.42km on average (median = 28km).

TRAUMA-INFORMED STUDY OF LIFE CIRCUMSTANCES



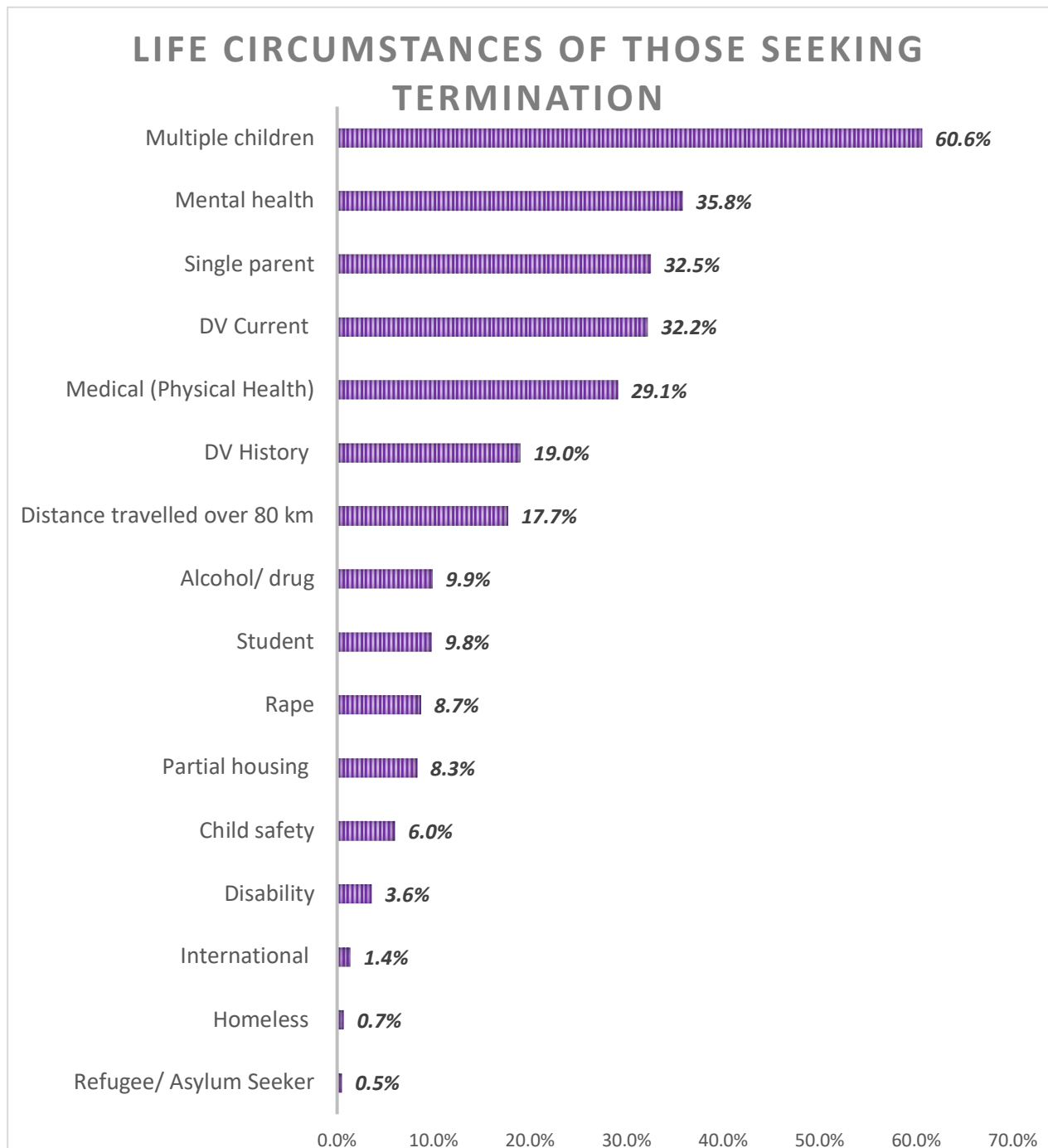
From the data collected through Children by Choice, it was possible to get a broader picture on the life circumstances of persons seeking financial support for a termination. This analysis is founded in a trauma-informed approach to understanding termination seeking-experiences and is similar to the analysis presented in the Tiller Fund Report. The data presented below reflects the findings in the Tiller Fund Report, most significantly that there is an increased likelihood that the current environment for persons seeking abortion care is exacerbating pre-existing trauma such as intimate partner violence or financial hardship, and that personal, societal, and policy/legal restrictions on abortion can contribute to trauma by delaying the procedure, which often results in later abortions, or abortions being denied outright.

Shown in the graph below is the proportion of persons seeking financial assistance for a termination who are experiencing various life circumstances. Health problems were being experienced by around one in three people in the sample, that is, 35.8% were experiencing mental health issues while 29.1% were experiencing ill physical health. Two thirds (60.6%) indicated they already had multiple children while around a third were single parents (32.5%). Intimate partner violence was being experienced by 32.2% of women at the time of contacting Children by Choice, with a further 8.7% becoming pregnant due to a sexual assault. Furthermore, 19% of those who contacted Children by Choice had experienced intimate partner violence in the past. Just under one in ten were experiencing a range of other life circumstances that may impact on their need to seek a termination (i.e., 9.9% mentioned alcohol or drug issues, 9.8% were students and 9% were experiencing housing difficulties being either homeless or in partial housing).

On average, persons seeking financial assistance for a termination experienced 2.94 (SD = 1.46) of the life circumstance presented in the graph overleaf, with a range of 0 to 7. This is slightly more than those reported in the Tiller Fund Report (on average 2.29 life circumstances with a range of 0 to 9), although the trend of 'multiple life circumstances' is still clearly evident. Of all the persons within the sample, nearly all (99.6%, n=535) experienced at least one life circumstance, over four in five experienced two or more (82.1%, n=441), just under two in three experience three or more (56.1%, n=301), while some people experienced four or more (34.6%; n=186), five or more (14.7%; n=179), six or more (5%; n=27), and seven (1.5%; n=8).

ATSI people seeking funding for a termination experienced the greatest number of life circumstances, that is, on average 3.16 life circumstances (SD= 1.44, with a range of 1-7) while CALD persons experienced less life circumstances impacting on their decision to seek a termination (on average 2.68 life circumstance, SD=1.41, range 0-7). The number of life circumstances experienced by those in their second trimester at the time of contacting Children by Choice did not differ significantly from the broader sample included in this report (on average 2.93 life circumstances; SD = 1.49, range 0 to 7).

The proportion of persons who experienced multiple life circumstances is higher for those reported in this sample compared with those in the Tiller Fund Report. Though this is likely to be attributable to the perceived need as assessed by Children by Choice counsellors. That is, funding is approved for those who are more in need of financial assistance and this is likely to be those with significant and multiple negative life circumstances.



FUTURE DIRECTIONS

The Children by Choice data shows that most commonly, those who accessed funding for a termination are aged between 20-29 years, they are most likely to be single, already have two or more children, and be in the first trimester of their pregnancy when they make the first contact with Children by Choice. The average cost of an abortion is approximately \$650 (median cost \$470), although the amount paid by the client varies widely. Overall, our analysis shows that:

- *ATSI people were significantly overrepresented (18%) among those who seek financial support for a termination;*
- *There is a high proportion (51%) of people aged 20-29 years seeking financial support for abortion;*
- *Pregnant people often have to travel significant distances to face an abortion and these distances often increase once the pregnancy reaches the second trimester; and*
- *That generally, those who contact Children by Choice seeking a termination have a number of life circumstances which complicate their lives.*

These findings demonstrate the harmful, real world effects that barriers to access abortion, such as legislation and policies that restrict public funding, create for some of Queensland's most disadvantaged women. It is critical that services are more accessible to people through public hospitals and in regional areas. In South Australia for example, the overwhelming majority of terminations are performed in metropolitan public hospitals and clinics (97.1%), and 2.1% performed in regional hospitals and clinics [8]. In particular, the high proportion of people travelling long distances to access abortions, especially in the second trimester, underlines the need for greater access to local services outside the southeast corner of the state.

Overall, the high proportion (51%) of people aged 20-29 years seeking financial support for abortion underscores the need for improvements in contraceptive advice and access for this group.

It is clear that the NLS scheme is important for helping many people to access termination in a timely way, but vulnerable people are overlooked because of system barriers. A more creative approach is needed so that financial support can be better provided to the most vulnerable people.

The analysis of this data is an important first step in reaching a better understanding of who requests support for termination in Queensland. We would also encourage large scale collection of data by those who provide termination services, both privately and publicly. Further qualitative research is needed to better understand the complexity of people's lives, why they seek a termination, and the factors that obstruct them help-seeking.

References

1. Good Shepherd Microfinance, No interest loan scheme. nd; Available from: <http://nils.com.au>
2. World Health Organisation, Safe abortion: Technical and policy guidance for health systems. 2012.
3. Criminal Code Act 1899 (QLD).
4. Petersen, K., Abortion laws and medical developments: a medico-legal anomaly in Queensland. *J Law Med*, 2011. 18(3): p. 594-600.
5. Queensland Law Reform Commission. Termination of Pregnancy Bill 2018; Available from: https://www.qlrc.qld.gov.au/__data/assets/pdf_file/0010/579862/b18-0089-termination-of-pregnancy-bill-2018.pdf.
6. Children by Choice. Annual Report: 2016-2017; available from: https://www.childrenbychoice.org.au/images/downloads/AnnualReport1617_final.pdf
7. Masci, D. Where major religious groups stand on abortion. 2016; available from: <http://www.pewresearch.org/fact-tank/2016/06/21/where-major-religious-groups-stand-on-abortion/>
8. Scheil, W., Jolly, K., Scott, J., Catcheside, B., Sage, L., & Kennare, R., Pregnancy outcome in South Australia 2015. 2017, Adelaide: Pregnancy Outcome Unit, SA Health, Government of South Australia.
9. Knotting, J. & Ely, G. E., The undue burden of paying for abortion: An examination of abortion fund cases. Data from the National Network of Abortion Funds' Tiller Memorial Abortion Fund. 2017, National network of abortion funds: Chicago.
10. Australian Bureau of Statistics, 2016 Census shows growing Aboriginal and Torres Strait Islander population. 2017; available from: <http://www.abs.gov.au/ausstats/abs@.nsf/MediaReleasesByCatalogue/02D50FAA9987D6B7CA25814800087E03?OpenDocument>
11. Australian Institute of Health and Welfare, Australia's welfare 2017: In Brief. 2017; available from: <https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017-in-brief/contents/welfare-in-australia>
12. Australian Bureau of Statistics, 2016 Census QuickStats: Queensland. 2016; available from: http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/3?opendocument

