



## AN OPINION PIECE BY A YOUNG PERSON

# ABORTION AND ADOLESCENTS IN AUSTRALIA

Sarah Tran, Master of Public Health Professional Placement 2020

Abortion in Australia has always been a contentious issue. Factor in adolescents having abortions and the issue is further magnified. If faced with an unplanned pregnancy, adolescents need to have easy access to correct and unbiased medical and legal information.

As a young person myself, born and living in NSW, I had very little understanding of the legal issues surrounding abortion in Australia. It was not until I began researching for this opinion piece, that I discovered that abortion laws and access varied widely throughout the country and adolescents face many restrictions.

### Types of Abortion

Australia has progressed greatly in increasing access to abortion. There are two types of abortion in Australia, medical and surgical abortion. [Medical abortion](#) involves taking two different tablets, 12 to 24 hours apart. These are called Mifepristone and then Misoprostol (“MS-2 step”). The Pharmaceutical Benefits Scheme (PBS) has supported medical abortion since 2013. Health professionals can prescribe the [MS-2 step which was made more affordable](#) at <\$50 with Medicare and <\$15 for those with concession health care cards. As a result, in WA medical abortion use increased from [11.8 to 33% from 2010 to 2018](#).

However, as of 2019, [only 1345 of 35,000 GPs in Australia were certified](#) to prescribe medical abortion. This may be due to stigmatisation or belief that it is [beyond their scope](#). Although the price of medical abortion is more affordable than before, there are other costs involved like [ultrasounds, blood tests or consultations](#) and travel expenses, which can be costly for an adolescent/young person, especially for those living in rural areas. To help combat a part of this issue, telehealth abortion options are available. Which provides them with more abortion provider choices to best suit the individual and for more anonymity/privacy with such a sensitive topic. As a result, they won't have to travel far distances and pay for accommodation near hospitals or clinics that offer surgical abortions. However, telehealth for abortion is [not currently covered by Medicare](#) which could make it too expensive for some people, especially adolescents.

The [Therapeutic Goods Administration in Australia](#) states that medical abortion can only be completed up to 9 weeks' gestation due to safety issues. The issue with many adolescent pregnancies is that they don't know that they're pregnant until they are at 9 weeks gestation. This can be due to a number of factors such as irregular menstrual cycle, 'not showing' yet as their bodies are still developing or lack/limited knowledge of sexual education. However, there is the

option of a [surgical abortion](#). It is available in day clinics and hospitals with the procedure lasting for 5-10 minutes. This method is used often, mostly in cases from [9 weeks onwards till the legal gestational limit](#) of each state and territory, [which varies](#).

I therefore believe that abortion education needs to be included and integrated in school health subjects.

I believe that adolescents should have access to information so that they can make informed decision about their own bodies regarding abortion.

The material should be presented in a pro-choice manner to allow the students to learn about all the options available to them, without a hidden agenda.

By making accurate information available through school education, there would be less stigma surrounding teenage pregnancy and abortion in general, which in turn would improve access to reproductive health care including access to emergency contraception. This may benefit them in the future when a health practitioner is assessing their mental capacity to be a 'mature minor' and give 'informed consent'.

School-based education would also better identify the signs of pregnancy so more people are able to access medical abortion (since it is only for those under 9 weeks) and so they may also have the back-up plan of surgical abortion in case it is too late.

I also believe that there should be more education/incentives for GP to become abortion providers, to increase the availability of professionals offering this service, especially in rural and remote communities.

### Data on Abortion in Australia

Abortion data are not regularly collected by all states and territories; only by WA, SA, NT and NSW which is not publicly accessible. Additionally, the [NSW Abortion Law Reform Act](#) also some information regarding abortion to be notified to the NSW Ministry of Health, which is not publicly accessible. In 2018, WA recorded an adolescent abortion rate of [14.3 per 1000](#). In the same year, the adolescent abortion rate in developed countries was [3-16 per 1000](#), which places Australia on the higher end in comparison. Without all states and territories recording abortion data, we are not able to fully monitor and understand the abortion issue in Australia. This leads to difficulties for the government to make informed decisions that are best suited for all adolescents' needs.

I believe that all states and territories should introduce the collection of data and statistics involving abortion. This would assist policy makers to further improve access.

## Abortion Legislation Australia

Each state of Australia have their own abortion laws with varying legal gestational weeks in which a person may undergo abortion. However, the confusion would lay in the requirements of each state that a person must meet before they can have the procedure. For example, in [NSW abortion was decriminalised in 2019](#) and allows abortion up to 22 weeks. After 22 weeks, there must be approval from 2 doctors. [Whilst, in NT a doctor's approval](#) is required under 14 weeks. From 14-23 weeks require another doctor's approval and afterwards it is illegal with the exception of harm being caused to the person by the pregnancy.

Although, every state has the commonality of [safe access zones](#) of 150m. These are areas that surround abortion clinics to legally prohibit harassment or behaviour that would lead to a person not feeling comfortable to acquire abortion services.

## Mature Minor and Informed Consent Legislation in Australia

The common law, adopted by the high court of Australia from the UK 'Gillick case' or 'Marion's case' infers that adolescents under 18, are able to provide valid consent to medical treatment themselves if they have been assessed by a health practitioner as being a '[mature minor](#)'- in other words, they are able to comprehend the risks and consequences of the procedure. In such cases a parent/guardian doesn't need to be involved. In general, for [those under 14 years](#) the consent of a parent/guardian will be required. Depending on the adolescent, their circumstances and the treatment.

However, in NT, SA and WA there are exceptions relating to abortions for those under 16 years, [summarised below](#).

State	Parental Consent Needed?
NT	Y - all abortions
WA	Y - legal guardian must be given the opportunity to be involved, otherwise the individual must apply to Children's Court.
SA	N - 2 doctors must agree that they are a 'mature minor'
NSW	N - Legislation that allows 14 and 15 year olds to have the right to decide their own medical treatments and are treated as adults from 16 years onwards

The law restrictions for NSW, VIC, ACT, QLD and TAS are fair in the sense that they allow the adolescent the opportunity to demonstrate maturity and ability to make important decisions about their body. It may seem unreasonable to the young person but it is there to provide safety for all involved. The exceptions imposed by NT, SA and WA are, in my opinion, unnecessary obstacles to access to safe abortion, which may actually result in more harm than good (for example, if an adolescent decides to cause her own abortion).

I believe that states and territories need to re-evaluate their laws regarding abortion and adjust to allow for better inclusion of adolescents and have similar laws regarding abortion throughout all states of Australia. This would reduce confusion, be more equitable and ensure safety for all. This is especially since being an adolescent/young person can already be a confusing time for some.

In summary I would recommend:

1. Integration of abortion education into school health subjects
2. More education/incentives for GP to become abortion providers, to increase the availability of professionals offering this service, especially in rural and remote communities.
3. Introduction of data and statistics collection involving abortion for all of Australia.
4. States and territories need to re-evaluate their laws regarding abortion and adjust to allow for better inclusion of adolescents and have similar laws regarding abortion throughout all states of Australia.

*Thank you to Jacqui Hendriks and Mariana Galrao for their guidance throughout the writing of this opinion piece.*

**Endorsed by the Board of Directors on 26 October 2020**