



Giving pause to the pregnant

The Government's decision to fund pregnancy counselling with input from Catholic agencies is controversial, writes Elisabeth Wynhausen

HOUGH their opinions could not be more divergent on an issue of supreme importance to both of them, Devora Lieberman, the national president of Family Planning Australia, says she can't help feeling sorry for Health Minister Tony Abbott.

"It's a difficult position for the minister. He's a devout Catholic who as health minister ... funds 70,000 to 90,000 abortions a year," says Lieberman.

Though Abbott, for his part, has said he will not let his convictions interfere with the job, the health minister has hardly made a secret of his burning desire to reduce the number of abortions in Australia.

"Sure, abortion is a 'choice', like drinking and gambling," he said in a column in Sydney's *The Daily Telegraph* last week, "but it is still a tragedy for all involved."

Abbott has repeatedly tried to tackle the issue. He has flagged the possibility of introducing a specific Medicare number for abortions by choice (at the moment the Medicare item includes specifically required medical abortions, for instance for ovarian cancer). He has tried and failed to maintain ministerial approval over access to the abortion drug RU486.

The Government has now made good on its promise to set up a pregnancy counselling service, awarding the \$10 million contract to run a 24-hour phone service to McKesson Asia-Pacific, a private company that already operates telephone-based counselling services for state health departments.

There has been considerable controversy over the fact that Abbott's department bypassed pro-choice organisations such as Family Planning Australia and Children by Choice, which both tendered for the contract.

McKesson, in its turn, chose Family Planning Western Australia to write the training manual for counsellors, but included two pro-life organisations, the Catholic

Church welfare agency Centacare and the Caroline Chisholm Society, in the working party devising the accompanying information manual.

It hardly has to be said that women who are pregnant have three options: continue the pregnancy and keep the child, terminate the pregnancy, or give the child up for adoption. McKesson director Matthew Cullen says, "the purpose of the [counselling] service is to provide equal weight to the three options."

While critics have concentrated on the conflict this must create for Centacare as an agency of the Catholic Church, the preoccupation with the issue overlooks a larger question.

Over four years the Government will spend \$15.5 million on the pregnancy advice hotline and an additional \$35 million on a Medicare rebate for pregnancy-related counselling.

At a time when there are critical deficiencies in other health services — from the shortage of drug rehabilitation to the lack of radiotherapy treatment in the bush — many are asking whether there is any evidence of a sudden demand for pregnancy counselling or a sudden rise in the number of abortions.

A number of agencies already offer counselling, and studies suggest most women facing an unplanned pregnancy don't want official advice.

Abbott has regularly expressed concern over the figures, claiming that 100,000 women a year have abortions. Many others believe that somewhere between 70,000 and 90,000 abortions a year are performed in Australia.

But figures from South Australia — which maintains the most reliable statistics — show that the abortion rate has been declining since 1999, after increasing for much of that decade.

According to a report on pregnancy outcomes by Annabelle Chan, Joan Scott, Anh-Minh Nguyen and Leonie Sage of the Pregnancy Outcome Unit in the epidemiology branch of the South Australian Department of



Health, in SA in 2004 the abortion rate, at 15.9 abortions per 1000 women aged 15-44 years, was continuing to decline.

The fall-off since 1999 was a reversal of a trend in evidence since specific abortion legislation came into effect in 1970. The report states that by 1980 the abortion rate had risen to 13.9 per 1000 women. That figure remained fairly stable through the 1980s. "Another increase in the abortion rate commenced in 1991... and reached a peak of 17.8 in 1999. The rate declined significantly from 17.7 in 2001 to 15.9 in 2004."

That confirms evidence of a national trend apparent to Family Planning Australia. There are about 280,000 visits a year to FPA clinics around the country.

"We saw a dip in the item number that covers suction curettage after the introduction of some of the newer long-acting methods of contraception, like Implanon [which is implanted under the skin] and Mirena [an IUD]," says Lieberman. But the abortion rate remains high, higher than many European countries, for instance.

Lieberman says statistics on abortion published in *The Medical Journal of Australia* show that in OECD countries between 2000 to 2003, Australia had the third-highest abortion rate, with 19.7 abortions per 1000 women. New Zealand was second-highest, with 21 per 1000. The highest, with 21.3 abortions per 1000 women, was the US, despite the official opposition to abortion it imposes on the developing world.

Further extending a longstanding law prohibiting the use of US funds for abortions carried out overseas, the Bush administration has gone so far as to insist that non-government organisations around the world receiving US aid cannot use even their own funds to provide safe abortion services, give abortion referrals or discuss the full range of options, including abortion, to women facing unplanned pregnancies.

Somewhat more nuanced in its policy, under legislation influenced by former senator and devout Catholic Brian Harradine, the Australian Government doesn't permit aid agency Ausaid to give money to services that provide abortions. But it can give money to organisations that provide abortions as long as the aid is used for other purposes, such as AIDS prevention or condom promotion. In this country, while abortion rates among long-term residents are declining, there is a small spike in the abortion rate for recently-arrived immigrants, especially those from Eastern Europe or China, where abortion is accepted as a method of birth control.

When Prime Minister John Howard announced that the Government was funding pregnancy counselling, he said: "We should try and see if we can achieve a reduction in the abortion rate in a manner that does not involve any change in the existing law, because the public simultaneously is saying to us, and this is very clear, that they don't want the existing law changed." He later added: "Do I expect the abortion rate to fall? I hope

it does."

That was last March, only a few weeks after Abbott had been defeated over RU486. "Funding for the pregnancy counselling helpline was announced soon after, apparently as a sop to the health minister," says veteran feminist Eva Cox of the Women's Electoral Lobby.

"One of the interesting questions is: is this the best way of dealing with it," says Cox. "Surely we want to stop people getting pregnant rather than cutting down the number of abortions once they are pregnant."

Melinda Tankard Reist, author of *Giving Sorrow Words: Women's Stories of Grief After Abortion*, disagrees. "The counselling service at least provides women with the opportunity to talk things through," she says. "It can help them buy time to get out of a coercive situation. It can point them to sources of support and alternatives to abortion and it creates some distance between the woman and the abortion provider."

McKesson's Cullen gamely admits that he doesn't really know what women facing an unplanned pregnancy would expect from counselling.

Just a month ago, as it happens, Marie Stopes International Australia, a health service that provides counselling and performs abortions, carried out a survey to see what women want from pregnancy counselling. The study, reported in *The Australian*, revealed that about half of all women in Australia will experience an unplanned pregnancy at some stage in their lives. There were 1022 women in the Marie Stopes study. Three-quarters said they wouldn't have wanted to speak to a counsellor before deciding what to do.

Of those who had been counselled, 46 per cent said the most useful thing about it was that it was non-judgmental. A further 24 per cent nominated the unbiased nature of the counselling. Only 10 per cent said they had found the chance to talk about the pregnancy the most helpful aspect of the counselling.

Yet the Government insists that the "non-directive" counselling it is funding is designed to encourage women to express their feelings about the pregnancy.

Cait Calcutt, of the Queensland-based Children by Choice, which provides pro-choice pregnancy counselling, says while some of the women who phone are undecided and are looking for more comprehensive counselling, most are seeking information.

But they won't get hard and fast information if they phone the 24-hour helpline. "We're not allowed under the contract to provide referrals to any provider," says Cullen. "We can say this is where you look for information."

In language a hair's breadth from gibberish, Clause 5.8 of the contract says: "The Service Provider is not expected to provide referrals to specific service provider agencies, but is expected to provide generic information about where clients can find such informa-



tion.” In the Yellow Pages, perhaps.

When an ABC interviewer asked Sydney archbishop George Pell earlier this year if a Catholic counsellor might advocate abortion under any circumstances, Pell, also the chairman of Centacare NSW, sidestepped and said he did not know what advice they would offer.

Critics have since claimed that clause 5.8 was inserted into the contract to allow Catholic organisations to tender. Clause 5.8 is certainly invoked by Bernard Boerma of Centacare NSW.

“This is about providing options in a non-directive way. It’s not providing referrals,” he says. “If it was directly making referrals it would be crossing a line.”

The service provider may not be giving out specific information, but will certainly be collecting it. Under the contract, counsellors have to make a “health risk assessment” regardless of the fact that they are assessing women they have never met, on the strength of a comparatively brief, timed call. In short, women facing an unplanned pregnancy who call to express their feelings about it, just as the Government says it wants, will be assessed by a counsellor busily taking notes.

“The information effectively forms a medical record,” Cullen says. “There’s legislation governing how it should be held and retained,” he adds, insisting that the records will be held by his company rather than the health department.

ABORTION AND THE LAW



In support: Believers in informed choice

ABORTION was criminalised in the 19th century in the US and Britain, not least to protect women from crude medical procedures that often led to death. In Australia, by the mid-20th century it was sometimes said that making the procedure illegal equally meant that women died from “backyard abortions”. Before 1971, abortion was a leading cause of maternal deaths in this country.

Bertram Wainer established Australia’s first public abortion clinic in Victoria in 1972.

Although abortion is a widely practised medical procedure, the criminal codes of every state and territory other than the ACT contain laws that criminalise abortion. However, abortion is generally available in Australia.

Legislation in South Australia, Western



Against: The Right to Life movement

Australia, Tasmania and the Northern Territory provides a statutory explanation of when an abortion is not unlawful. In the other states, common law interpretations of the Crimes Act or Criminal Code have had the effect of making lawful abortion available to a large number of women.

According to the 2003 Australian Survey of Social Attitudes by the Australian Centre for Social Research at the Australian National University, 81.2 per cent of Australians agree that women should have the right to choose an abortion.

According to the Australian Reproductive Health Alliance (website: arha.org.au): “The approximate out-of-pocket cost of a first trimester abortion is about \$220 in metropolitan areas and up to \$480 for regional areas.”



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Questionable value: Devora Lieberman, head of Family Planning Australia, says demand for abortions has lessened since the 1990s