ABORTION LAW REFORM IN TASMANIA

A submission against proposed Bill

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Executive Summary

The proposed Reproductive Health (Access to Terminations) Act 2013 in Tasmania is a Bill which has been informed by misinformation that is obviously ideologically driven, as opposed to being driven by a desire to support and inform women. Support of this Bill would perpetuate the current state of abortion in Australia, which does nothing to protect women from inappropriate and unethical practises and coercive abortion. It will also ensure that women continue to be denied access access to all relevant information about the short and long term consequences of abortion.

The Information Paper supporting the proposed Bill perpetuates the false and misleading information that currently contributes to the general public being grossly misinformed about the reality and consequences of pregnancy termination.

Much of the research cited and used to support the Bill is both out-dated and irrelevant to women in Australia today and the dismissal of current evidence of harm from abortion only serves to ensure ongoing misinformation to women. The use of fear of criminal sanctions, which have been extremely rare in Australia, and non-existent in Tasmania, constitutes a manipulation of information that serves to further misinform.

It is clear that the Information Paper attempts to convince that all the proponents want are to remove moral and conscience barriers to just ‘another medical procedure’. Yet whilst the Bill attempts to deny health practitioners and counsellors a right to conscientious objection, the Bill itself contains moral and conscience driven clauses, particularly in relation to gestational time limits. In doing so, it ensures that pregnancy termination is not just ‘another medical procedure’ but that it exists within its own defined set of rules outside ethical medical practise.

At various times within abortion debate, and within this Information Paper, the autonomy and intelligence of women is used to justify their ability to make their own decisions whilst at the same time suggesting that women are unable to make such decisions in the face of conflicting information or those with ideological objections. Women, and men for that matter, make health and other life decisions every day whilst filtering through conflicting information and consequences. They have the right to do so, with all information presented to them. Women are either intelligent, autonomous and capable, or they are not. This use of the characteristics of women to forward an ideological agenda is patronising and trivialising of women’s experiences and abilities.

If the evidence cannot convince, then perhaps some of the stories of grief and regret can at least create a small question in the minds of those who seek to deny the reality of what termination truly is: the demand that women must resort to surgical solutions in order to ‘fit’ into the social world, a travesty of the greatest magnitude.

This submission specifically addresses the points contained within the Information Paper, addressing the often misleading nature of the cited research, and reference is made to the proposed clauses within the Bill.

B. Terminology

Whilst clarification of terms is important for effectively communicating intent, the Information Paper begins as it continues, in a deceptive way. The statement that, *'… the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of their choice[1]',* implies that men have any control or choice in matters of pregnancy termination specifically. Unless the proposed changes were to be inclusive of men's right to choice in pregnancy termination, this statement is misleading.

C. Current Law

With no evidence of any criminal sanctions against women or medical practitioners with regard to the access or provision of pregnancy termination services, the premise on which the Bill is based is blatantly false, that is, that there is an impediment to the delivery of pregnancy termination services to women due to current law.

There is no evidence that women experience fear or stigma due to the current state of law in Tasmania. There is however evidence that women often experience fear and stigma when faced with an unintended pregnancy, and that these emotions can be driving forces toward abortion seeking.

The following statement within the Information Paper has no evidence base and is totally false and misleading:

> *'As it stands, the law impedes the delivery of termination services which, in turn, negatively affects the health and wellbeing outcomes of Tasmanian women.'[2]*

A legislative change based on such misinformation, which in itself is ideologically driven, is a great disservice to the public. To suggest that a lack of abortion services has a negative health outcome for women is also misleading as the Information Paper bases this premise on out-dated, irrelevant research as discussed elsewhere.

D. The revised framework proposed for Tasmania

Abortion as any other medical procedure

The Bill has a clear intent to normalise pregnancy termination alongside 'all other medical procedures', but also requiring it to be treated very differently from 'all other medical procedures.' The current

[1] World Health Organisation, as quoted in the Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013, p. 4

[2] Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013, p. 4

practise of pregnancy termination already lacks the same rigour in information provision than other medical procedures. This Bill fails to recognise the lack of up to date information provided to woman, along with the false and misleading information given to women by abortion providers, even in their website advertising. The idea that a woman can access any medical procedure she chooses, for any reason she chooses and that she has a legal entitlement to demand it, is blatantly false.

There are very stringent requirements around a large number of elective procedures, from genetic testing through to cosmetic surgeries. There are also stringent requirements and processes with regards to relinquishing a baby for adoption. To demand that pregnancy terminations should require less stringent requirements, particularly in the area of informed consent (the Bill specifically requires informed consent for medical risks only, and only for terminations post-24 weeks[3], while no such requirement is placed for terminations prior to 24 weeks), is nothing short of advocating for poor medical practise.

Uncertainty regarding law

Given that the vast majority of pregnancy terminations throughout Australia occur in private clinics, without requirement of a referral from a GP or any other health care provider, the fact that GPs may have a limited understanding of the law regarding termination is irrelevant[4]. If the same question is asked of the general public, surveys have suggested that most people believe termination to be widely available and not against the law, therefore negating any statement in the Information Paper that the current legislation acts as a deterrent for women to access abortion. Such statements are at best, disingenuous.

Professor Malcolm Parker, Head of Academic Discipline of Ethics, Law and Professional Practise, University of Queensland has addressed the issue of legal precedent explaining why doctors simply are not prosecuted for performing terminations within current legal criteria. He states that '*we already have abortion on demand because the State is unwilling to take a case to court, because in practice the State would not be successful'.* [5] The premise that doctors and women are under threat remains a manipulative falsehood.

The suggestion that access to abortion would improve with an increase in providers if the law is changed is unsubstantiated as there is no evidence of such an outcome in either Victoria or ACT where abortion is no longer in the criminal code.

[3] Draft Reproductive Health (Access To Terminations) Bill 2013, Part 2, s. 4 & 5

[4] Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013, p. 8

[5] Brisbane Times, September 1, 2009. Legal precedent protects abortion doctors.

Even abortion advocacy organisation Children by Choice[6] admit that restrictive abortion laws are not associated with lower abortion rates, thereby reinforcing the view that decriminalisation of abortion does not enhance service provision.

Studies on women forced to continue unwanted pregnancies

This Information Paper is relying on the same irrelevant, out of date and misquoted research that the Victorian Law Reform Commission put forward in relation to women denied abortion. Whilst citing papers with more contemporary dates can make research appear current, this process continues to misinform and misrepresent the circumstances and experiences of women today.

The VLRC quotes a variety of sources to justify its position that women are likely to suffer more serious adverse outcomes when abortion is denied. These sources include papers and articles dated between 1996 and 2008, by abortion advocacy organisations such as Reproductive Choice Australia and abortion providers such as Lachlan de Crespigny.

What both the VLRC failed to do, and what this Information Paper fails to do, is to note that their 3rd hand citations actually refer to studies published between the years between 1978 and 1995 which were based on cohorts from as early as 1966, and not one of these was from Australia. For decades in Australia, and more particularly today, women are afforded significant (although still lacking) financial, housing, employment and other material and social supports to assist them in raising their children alone. The above cited studies were undertaken decades earlier when the stigma of pregnancy outside of marriage was greater, and few if any supports were made available to the mothers in their countries of residence.

To use this information to suggest it has any significance to the experience of Australian women today is again misleading.

The fact that the Information Paper would cite articles which refer to decades old research irrelevant to Australia and women today, and yet refuses to consider the latest methodologically sound research, which includes Australian data, on the mental health harms of abortion, presents a distorted and misleading basis for the changing of law.

Conscientious Objection of health professionals[7]

To legally enforce a requirement for any person to act against their moral beliefs and conscience is in itself morally reprehensible. It is also another example of abortion being place in an entirely different category to that of ‘any other

[6] http://www.childrenbychoice.org.au/info-a-resources/facts-and-figures/18-info-a-resources/facts-and-figures?layout=blog

[7] Draft Reproductive Health (Access to Terminations) Bill 2013, Part 2 s. 7

medical procedure' that a woman might request. Doctors are not legally required to refer a woman for an elective plastic surgery she requests, nor are they required to refer to another doctor who they know would make such a referral. A doctor may refuse such a request on conscience grounds, on understanding evidence of harm, or of recognising certain risk factors that may predispose a woman to negative outcomes.

A law that states that a doctor is unable to act in the best interests of their patients, based on what they understand the evidence to be and on what they know to be true about the health of their patient or even based on what they know or believe to be true about pregnancy termination ending the life of a human being, is an interference in medical care and personal ideology that cannot be tolerated.

Conscientious Objection of counsellors[8]

It is abundantly clear that this clause of the Bill is designed to ensure the closure of vital pregnancy support services, which currently provide services ranging from material goods, mentoring, playgroups, parenting education, and peer supports along with consultancy and counselling services. In some communities a life affirming pregnancy support service may be the only alternative place that a woman identifies to meet her needs to continue her pregnancy. In most communities, such services do not exist and health professionals complain that the only place they have left to refer a woman in crisis to is an abortion provider.

Given what we know about the reasons women decide on pregnancy termination, the option for their material, financial, housing and peer support needs to be met are integral to ensuring that women are actually choosing between equally supported options, not seeking pregnancy termination because they are unsupported to continue a pregnancy.

This clause, and its intent, seeks to remove the few supportive options many women currently experience, thereby ensuring that there will be an increase in the already high number of women seeking abortion in the absence of choice, not as an expression of freedom to choose. This clause goes against the World Health Organisation recommendation, which the Information Paper itself cites:

> *[And, for those continuing a pregnancy] the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant'*[9],

From a counselling point of view it is false to suggest that just because a counsellor has a personal objection to a particular course of action or lifestyle choice, that they are unable to provide appropriate

[8] Draft Reproductive Health (Access to Terminations) Bill 2013 Part 2 s. 7

[9] http://www.who.int/topics/reproductive_health/en/

and accurate information that respects an individual's different views and decisions.
If the law restricts a counsellor who has an objection to abortion from providing counsel to a woman seeking information about abortion, the next step will be to put every counsellor through psychological profiling to determine their values on every issue and ensure they only counsel those with whom they can agree.

Given that research by Marie Stopes International[10] suggests that the majority of pregnancy counselling occurs in abortion clinics, one has to ask the question about who safeguards the interests of women being counselled by a business with a financially vested interest in the outcome of such counselling.

Time limits on gestation

The issue of enforcing gestational time limits again highlights the incongruency of the Bill[11] and many matters related to pregnancy termination. The proposer of this Bill should be compelled to provide a rationale for any time limit on pregnancy termination services. If the Bill is designed to remove all moral or conscience concerns from the issue of pregnancy termination, no moral or conscience issues should be accepted in the clauses of the Bill. If in fact pregnancy termination is a woman's right, and that right should be available on demand not subject to moral values, or even viability of the unborn, it is irrational to provide a random gestational time limit without evidence based justification.

E. Why changes to the law are needed

Contraceptive Failure

Whilst the Information Paper draws attention to Marie Stopes research[12] which suggests that up to 60% of women were using contraceptives at the time of an unintended pregnancy, it fails to acknowledge that more than 70% of the same women *'want governments to expand women's reproductive options by improving their access to a range of contraception'* and *'with 70% supporting guaranteed maternity leave.'* It further fails to acknowledge that the most common resolution to the unintended pregnancies was parenting.

In fact, this Information Paper goes further than just a failure to acknowledge. It states that:

> *'Given that unplanned pregnancies will occur, it is important that laws governing women's options during this time support positive sexual and reproductive health outcomes.*
> ***Current criminal laws in Tasmania fall short in this regard.'***[13]

[10] Marie Stopes International – What women want when faced with an unplanned pregnancy. 2006
[11] Draft Reproductive Health (Access to Terminations) Bill 2013 Part 2, s. 4 & 5
[12] Marie Stopes International – Real Choices: Women, contraception and unplanned pregnancy, 2008
[13] Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013 , p. 6

The only possible conclusion that can be drawn from such a statement is that the proponents of the Bill believe that pregnancy termination is a *'positive sexual and reproductive health outcome'* in spite of evidence to the contrary, and in spite of the fact that more than 70% of women with an unplanned pregnancy want governments to do more to prevent unplanned pregnancy and provide support for parents, NOT provide greater freedom of abortion.

Describing pregnancy termination as a "*positive sexual and reproductive health outcome*" is not consistent with either the experiences of the majority of women who have terminations, nor of the way in which pregnancy termination is routinely described in research. Even studies on pregnancy in cohorts of drug affected women, describe termination as an adverse pregnancy outcome, not a positive health choice.[14]

Terminations regulated under criminal laws

The incongruence of the clauses contained within the Bill with regard to the dissonance between the rhetoric of 'women's choice' and the gestational limits proposed, with the inference that there is some moral criteria by which 24 weeks has been chosen, reflects the reasons why pregnancy termination is within the criminal code.

[14] Blac, Stephens, Haber and Lintezeris (2012) Unplanned pregnancy and contraceptive use in women attending drug treatment services, Australian and New Zealand Journal of Obstetrics and Gynaecology Vol.52, Issue 2, pp146-150

Pregnancy termination is not just a medical matter. It cannot, even within this Bill, be separated from individual and community moral views and standards. There is no question that pregnancy termination ends the life of a human being and therein lies the moral dilemma for most people. When does a woman's 'right' to control over her own body end, and the 'right' of another human being to life, begin?

The argument that women have an inherent right to total control and autonomy of their bodies is not true. No human being has this inherent right. We have laws to protect people from drinking too much, from taking certain drugs, from self-harming, even when there is no question about the fact that it is only that person's body being impacted. We legislate all sorts of activities, both personal and social (such as piercings, tattoos, sunbeds, smoking and alcohol) in order to keep individuals safe and free from harm, even when that activity will only harm themselves and even when restriction from that activity interferes with one's bodily freedom and autonomy.

Public attitudes toward abortion

This Bill proposes to allow pregnancy termination without cause up to 24 weeks, and then up until birth for what ultimately will be any reason as well, as evidenced by the Victorian post 20 week abortion figures, where for a decade more than half of all late term abortions have been undertaken for psychosocial reasons, not health reasons.

It is interesting that both the media and abortion advocacy organisations often perpetuate the myth that the majority of people support abortion on demand for women, based on research that does not ask detailed questions, or on the findings of research that misrepresent the actual data.

The reference to professional sanctions as opposed to criminal sanctions for medical practitioners is interesting when accompanied by a review of the research into public attitudes about abortion.

In an article published in 2010[15], abortion providers investigated the attitudes of Australians about abortion itself and about whether doctors should suffer professional sanctions for doing abortions. This article suggests that the general public is far more conservative about pregnancy termination when questioned about professional sanctions in specific circumstances than we are generally led to believe.

Whilst 61% believe that abortion should be legal in the first trimester, this figure reduces significantly to 12% for the second trimester and only 6% for the third trimester. This is hardly a call from the public for abortion on demand.

In terms of professional sanctions for doctors for performing abortions, the same study reveals even less support for abortion in most social circumstances. The percentage of people supporting a lack of sanctions against doctors is significantly higher when asked about abortion for serious health and life threatening situations. But when asked about social circumstances, the numbers change dramatically.

42% of people believe a doctor should face professional sanctions for performing an abortion on a woman when she states that she cannot afford to raise the child, with 28% being uncertain.

45% of people believe a doctor should face professional sanctions for performing an abortion on a woman when she states that she does not wish to have a child at that time, with a further 23% being uncertain.

Given that the above two circumstances encompass the majority of reasons why women have abortions, even in later trimesters, it would appear that the majority of the general public actually do not support abortion on demand for any reason, at any gestation, despite the misleading claims in the Information Paper.

Pregnancy termination as a safe procedure

a. Abortion safer than childbirth

Nowhere is the misinformation more blatantly ideologically driven than in the complete misrepresentation and dismissal

[15] De Crespigny, Wilinson, Douglas, Textor and Savulescu. (2008) Australian attitudes to early and late abortion, Medical Journal of Australia 2010 193: pp9-12

of methodologically sound research in this area.

Recent research has well documented that abortion is NOT safer than childbirth, yet this Information Paper quotes an article written by an abortion provider that abortion is 14 times safer than childbirth[16]. Cited sources generally refer to worldwide figures which include maternal deaths in developing countries, where the primary cause is infection and haemorrhage following childbirth in the absence of appropriate post natal health care.

The only way to determine actual risk factors in this area, given that complete abortion statistics are not kept in either the United States (where cited study was undertaken) or Australia, is to use population based studies where full reproductive data are kept.

Record-based studies[17] examined the full reproductive history of all the women in Denmark over a 30-year period. Record-based studies use the actual records for women; retrospective data that cannot be misinterpreted.

They show that one abortion is associated with a 45% increase in death rates, two abortions with a 114% increase, and more than two abortions with a 192% increase in maternal deaths.

In addition, they show that women who abort a first pregnancy are over 80% more likely to die within the first 180 days after an abortion with the elevated risk of death persisting for at least ten years. These results confirm similar findings from studies of large populations in Finland and California.

At most universities, research investigating abortion risks is despised as an attack on "choice" with university professors risking loss of jobs and professional reputations. Rarely is the research assessed based on the merits of methodology and science. While such attitudes exist, and while abortion data is not uniformly recorded, reliable Australian statistics of an academic standard continue to be scant. Data commissioned by abortion-providers frequently contain ideological biases in the questions asked (or not asked), and in the interpretation of the results.

Whilst abortion advocacy studies appear to gain more traction in the mainstream media and therefore contribute to widely held falsehoods, it is also true that studies which refute such outrageous claims are more significant in legal courts.

For example, the Federal 8th Circuit Court of appeals (USA) recently upheld the requirement that women considering abortion must be told about the increased risk of suicide following abortion,

[16] Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013 , p. 10

[17] Reardon and Coleman, (2012) Short and long term mortality rates associated with first pregnancy outcome: Population register based study for Denmark 1980-2004. Medical Science Monitor, 18(9) pp71-76

something which Australian advocacy groups continue to emphatically deny.

b. No risk to future pregnancies

There is significant research[18,19,20] documenting the increased risk of preterm birth in subsequent pregnancies following surgical abortion, with the risk increasing with the numbers of surgical terminations undertaken. Preterm birth is a significant public health and economic issue.[21]

c. No mental health adverse effects

The Information Paper statement that, *'There is no scientific evidence that a termination causes negative mental health outcomes,'*[22] is so blatantly false that it constitutes an extreme ideological framework through which this proposed legislation is being filtered.

The most recent international research[23] supports a growing body of evidence[24] that up to 20% of women suffer serious and prolonged mental health problems directly attributable to a pregnancy termination. This is after controlling for all prior factors, including prior mental health problems. In any other situation, serious long term effects for 20% of any population group would be treated as significant.

Ideological agendas and misinformation

A document entitled 'End the Confusion' recently released by Family Planning Tasmania, Women's Legal Service, Tasmania and Hobart Women's Health Centre, typifies the misrepresentation of data in order to promote an ideological agenda.

As well as quoting the same out-dated or irrelevant research, they cite a number of real women's abortion stories. However, those stories actually highlight the lack of supports available to those women at the time, problems surrounding informed consent, and even a misunderstanding of the medical procedures undertaken. Their stories emphasise the complex psychosocial problems of women to which pregnancy termination is offered as a medical "solution" without ultimately addressing the underlying issues, and

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[18] Freak-Poli R, Chan A, Tucker G, Street J. Previous abortion and risk of pre-term birth: a population study. *J Matern Fetal Neonatal Med.* Jan 2009;22(1):1-7.

[19] Liao H, Wei Q, Duan L, Ge J, Zhou Y, Zeng W. Repeated medical abortions and the risk of preterm birth in the subsequent pregnancy. *Arch Gynecol Obstet.* Sep 2011;284(3):579-586.

[20] Klemetti R, Gissler M, Niinimaki M, Hemminki E. Birth outcomes after induced abortion: a nationwide register-based study of first births in Finland. *Hum Reprod.* Nov 2012;27(11):3315-3320.

[21] Calhoun BC, Shadigian E, Rooney B. Cost consequences of induced abortion as an attributable risk for preterm birth and impact on informed consent. *J Reprod Med.* Oct 2007;52(10):929-937.

[22] Information Paper relating to the draft Reproductive Health (Access to Terminations) Bill 2013, p. 10

[23] Coleman, P. (2011) Abortion and mental health: quantitative synthesis and analysis of research published 1995-2009. British Journal of Psychiatry 199, pp180-186

[24] http://realchoices.org.au/wp-content/uploads/2012/07/Causal-evidence_abortion-and-mental-health.pdf

which may actually compound a woman's future physical and mental health.

A paper addressing that report is available at http://realchoices.org.au/?p=3353

Real Stories

We also offer a selection of stories from other real women for whom pregnancy termination has been anything but a "*positive sexual and reproductive health outcome*".

Tegan[25]

I am 27 weeks pregnant, as I sit here writing this. My baby, a little boy, is kicking under my hand which seems to stray to this protective position so often throughout the day and the night. This isn't my first baby, although everyone, including my husband believes it is. Nobody but me knows about my first baby. Nobody but me knows that until I felt the first stirrings of this little one, that I never even acknowledged him or her, that I denied him or her not only life, but even recognition of existence in my thoughts or my heart.

The night I first felt my baby kick, when I called my husband, so excitedly from the other room, was like a dream. He couldn't feel it and I was a little bit disappointed, but also a little bit special that this was a secret that I shared only with my baby for a while at least. That night, I woke up suddenly from a terrible dream. I had my baby, a little girl and I was holding her, when she suddenly disappeared. I woke and frantically grabbed my belly to make sure my baby was okay. At the same time I realised that the baby in my dream wasn't this baby I carried, but the baby I had denied.

All of a sudden, I realised that from the first moment that my husband and I knew about this baby, even before we were sure; he existed. He had life that we breathed into him through our very souls. He was never inconvenient. He was never a blob of cells. We didn't even consider such thoughts. We were excited about our baby. If we had lost him, like my sister lost hers a few months ago, we would have grieved him and been devastated.

Yet my first baby, the one I aborted at 9 weeks, the one who would have been 3 years old now, was never a baby in my thinking.. or in my heart… until that dream. I've been advocating for choice for women my entire adult life. I've taken 2 friends to abortion clinics. I've written letters to the editor berating pro-lifers for being judgemental, religious zealots who care nothing for women. Yet, in the middle of the night, woken from a dream, everything changed.

It isn't as though I had been thinking about the issues. I hadn't spoken to anyone. I hadn't even thought about my first pregnancy except for very occasionally, and then not with much emotion.. just a passing remembering.. But that night, it hit me. My first baby had been as real as the little boy inside me now.

For the sake of a bit of embarrassment about being pregnant, an interruption to what I considered to be my very important life, I had dumped that baby like trash. And other people helped me do it, just like I have helped my friends. I

[25] http://iregretmyabortion.org.au/tegan/

was too embarrassed to even tell my best friend I'd had such an irresponsible accident as to fall pregnant. But the clinic I went to made it oh so easy… A little group info session where we heard that we'll all feel relieved and be able to go home as though nothing had happened… where we were told the procedure was simple with no lasting effects… And I believed it all, even afterwards… for 3 and half years to be exact. Until then that night, I knew different.

Now I sit here feeling my baby boy and wonder what he will think of me if he ever knows. That he made it because it suited me this time, but his brother or sister didn't. The terror of that ever happening makes me feel ill.

I will never, ever be part of telling a woman that abortion helps, or doesn't hurt her ever again. Do not be fooled by clever marketing. Do not be fooled by lies and people who say they care about you. Wake up and think about what you are actually doing when you are doing it. Take responsibility for that life, before you are forced one night, after a bad dream to take responsibility for that death.

Sophia[26]

I wish I could change what I did…

I was 20 turning 21 and 3months pregnant! My relationship with my boyfriend of 4 years was abusive and getting worse by the day, I was severely depressed. When I told him I was pregnant he accused me of cheating on him. The last straw in our relationship was when he told me he had thoughts of killing me, & I finally decided I wanted to end our relationship.

I had no support from his family at all. When I told my family we separated my parents gave me two options. 1. Marry him for the sake of the child even though his abusive. 2. Abortion

Feeling like I couldn't ever spend a lifetime with him, I opted for option 2. I remember the 2week build up to the abortion as the worst days of my life. Talking to my baby everyday, begging for forgiveness for what I'm about to do. On the day of the abortion I was so numb. I was dehydrated from crying, I gave one word answers. I remember thinking, the nurse isn't even asking me why I'm doing this. I wasn't even offered an alternative, maybe I would have changed my mind and fought for what I wanted instead of just doing what I was told.

Almost immediately I turned to drugs & alcohol. I was looking for love in all the wrong places. I rebelled I was reckless, careless, I wanted to die. After 10 months of suffering mentally, emotionally & physically, I converted from Islam to Christianity & only then was I able to overcome my depression & suicidal thoughts & truly smile again.

Even though I am now engaged and experiencing the happiest moments of my life, I still am deeply affected by my actions till this day. There are still nights I think of holding my baby in my arms, smelling its hair, looking into its eyes. How amazing it would have been. My child would have been 2 now. I pray I could at least stop one person from making the horrible mistake of abortion by sharing this. Please don't do it, it's not the easy way out.

[26] http://iregretmyabortion.org.au/sophia/

Amanda[27]

I had an abortion 6 months ago. I have four children here and my boy in heaven. I was so ill at the time of my pregnancy with clinical depression and severe anxiety. I got pregnant because I had given up caring about my life. The moment I found out I was pregnant I totally freaked and was having massive panic attacks. Reality slapped me on the face.

My eldest daughter is disabled and needs round the clock care. What had I done? I immediately thought abortion. I even prayed for a miscarriage. But as time went on I prayed for strength. It never came. So here I am 6 months later. My baby was due at Christmas. I feel empty, sad, guilty, and heartbroken. I don't know if I could have done more at the time. I really don't but everyone around me thought it was the best decision and I was too weak to fight. I also had a morbid fear that my anxiety levels would damage my child.

Abortion seemed like my solution, but was it. I don't know. If it hadn't been legal then maybe I would be waiting the arrival of my child instead of being down and depressed and guilty every day. I needed help. I didn't need an abortion. I see that now.

The sad thing is I am a Christian and was at the time. I knew it was wrong but was convinced I was too ill to carry my baby. My faith wasn't there at the time. I was just so worn down with life and my illness. And you know I am a good Mum and I need to remind myself of that every day, because how can I be when i aborted my baby. His name is Jonah. He lives in heaven with angels until I can look after him. Mummy loves you Jonah. I am so sorry I wasn't strong enough.

[27] http://iregretmyabortion.org.au/amanda-6-months-on/

Summary

Current adoption processes in Australia mean that women are required to undergo waiting periods, psychological interviews, and be informed of the very real grief they may experience through placing a child for adoption. We do not call this patronising. We do not demand that women be allowed to do what they want with their born child, without counselling, without information. In fact, we ensure that women are protected through the provision of information and adequate support and encouragement for the option of parenting, before they are deemed appropriately informed to make a relinquishment decision.

Pregnancy termination should be no different, yet abortion advocates strive to create an environment where it is in a class of its own, with no rules, no protections, and a field of lies for women to wade through.

As can be seen from the above snapshot of stories, pregnancy termination is neither straightforward, nor lacking in moral significance for large numbers of women. The ideologically-driven abortion advocacy movement strongly deny these women the right to tell their stories, variously accusing them of being brainwashed, having pre-existing mental health problems, or of trying to make other women feel guilty, all of which are designed to silence and humiliate women who are suffering.

When governments change legislation in response to ideologically driven information that is at best misleading, at worst, deliberate fabrication, in order to promote an agenda that does not place women at the centre of their concern, that government is joining such groups in denying women their true rights.

These rights must include:

- Access to all supports necessary to continue a pregnancy.
- Access to all information about the potential adverse impact of abortion to future pregnancies, and to mental health
- Adequate one to one counselling to ensure she fully understands the information provided and that she has been able to fully assess her alternative options

These are the same rights we grant women when making any other medical decision, or even maternal decisions such as placing a child for adoption.

When every woman experiences an absolute choice between at least 2 genuine and supported options, it will be time to discuss where abortion should sit legislatively. Until that time, any individual or group who professes concern about the welfare and rights of women should be gravely concerned about the lack of information, consent and protections afforded women in the area of reproductive choice.