

# Missing Children, Damaged Mothers:

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**ACT Abortion Statistics  
1999-2000**



**ACT  
Right to Life  
Association  
Incorporated**

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1999-2000**

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# Table of Contents

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Foreword	iv
Executive summary	v
Recommendations	v
Introduction	1
Abortion in the ACT	1
Abortion in Australia	2
Age groups and abortion	2
Abortion rates compared with other countries	4
Teenage abortions	4
Reasons for abortions	5
Gestation at time of abortion	6
Repeat abortions	6
Institutions performing abortions	7
Additional information provided in South Australia	7
Abortion aftermath	8
Bibliography	10

## List of Tables and Figures

Table 1: Australian Medicare-funded abortion rate (per 1000 women) 1999-2000	2
Table 2: ACT abortions by age group, 1999-2000	2
Table 3: ACT abortion rate and birth rate (per 1000 women)	3
Figure 1: ACT abortion rate and birth rate (per 1000 women)	3
Table 4: Reasons for abortions	5
Table 5: Gestation at abortion	6
Table 6: Institutions performing abortions	7
Figure 2: Abortion rate per 1000 women (15-44), South Australia, 1970-1999	8

## Foreword

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Sources of information on the practice of abortion in the Australian Capital Territory (ACT) have been few and far between, largely limited to Medicare statistics which offer only partial information on this problem. The controversial nature of abortion means that the issue tends to be avoided and ignored by governments trying to steer clear of negative press and difficult questions.

By requiring quarterly statistical reports on abortion, the *Health Regulation (Maternal Health Information) Act 1998* has filled some of that void. Statistics are now tabled in the ACT Legislative Assembly at regular intervals throughout the year. In late 2000, the final quarter of the first year of statistics was tabled. This milestone offers an opportunity to compile and analyse the statistics and make them more accessible to the community in this report.

Information is central to understanding the problem of abortion so that policies and programs can be formulated to help to make sure that women do not feel abortion is their only option. Unfortunately, the statistics tabled by the Health Minister are still a very narrow interpretation of the legislation and seem designed to minimise the information available. South Australia also produces regular statistical reports on abortion, but these provide much more detail than in the ACT and could be a model for improving the ACT statistics.

Induced abortion is broader than just a health issue – it is a social problem with complex underlying causes. The problem of abortion calls for a whole-of-government approach to non-abortifacient preventative strategies both to reduce the incidence of unplanned pregnancies and to reduce the impediments facing women as they carry their pregnancies to term.

The statistics show the abortion rate in the ACT is as high as one abortion for every two and a half live births, that teenage women have more than twice as many abortions as they do live births and that women in their early 20s have the highest abortion rate. More than 1600 unborn children become victims of this social problem every year in the ACT, and many women who have had an abortion suffer post abortion grief – grief they are often told they are not supposed to have and not permitted to display.

Quite apart from the need to acknowledge and prevent the assault on the human rights of unborn children, there are several principles that should govern both supporters and opponents of abortion:

- no woman should ever be made to feel ashamed to be pregnant;
- no woman should ever miss out on the opportunity to continue her education because she is pregnant;
- no woman should ever have her employment threatened because she is pregnant;
- no woman should ever be in such financial trouble that she cannot afford to continue her pregnancy; and,
- no woman should ever be left to fend for herself without appropriate support when she is pregnant or supporting a child.

Currently the abortion statistics tabled in the Assembly are not readily available – they are not published either in print form or on the Internet and must be requested through the Assembly. We are publishing the statistics in *Missing Children: Damaged Mothers*, including a comparison with some state and national figures, in order to improve community access and debate – and hopefully to assist policy makers to address the important social problem of abortion.

Alison Hope  
President  
ACT Right to Life Association Inc

## Executive Summary

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The *Health Regulation (Maternal Health Information) Act* was passed on 26 November 1998, and included the requirement for the Health Minister to produce quarterly statistical reports on abortion. In late November 2000 the final quarter of the first year of statistics was tabled in the ACT Legislative Assembly. The statistics reveal that:

- there were 1664 abortions performed in the ACT in 1999-2000;
- the ACT abortion rate in 1999-2000 was 22.3 per 1000 women of reproductive age (15-44 years) as compared to 56.8 live births per 1000 women, or one abortion for every 2.5 live births;
- amongst teenage women, the abortion rate is more than twice the birth rate – for every live birth there are more than two abortions. This is higher than the rate for South Australian teenagers and appears to be high by Australian and Western European standards;
- the highest abortion rate in the ACT is amongst women aged 20-24, at 34.8 abortions per 1000 women, but the birth rate is higher in this group than for teenagers meaning that there was one abortion for every 1.3 births; and,
  - by contrast, the birth rate is highest amongst 25-34 year old women with 106 births per 1000 women in this age group.
- nearly all abortions in the ACT (95 per cent) are performed by Family Planning ACT's abortion facility, Reproductive Healthcare Services.

## Recommendations

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Educational authorities should institute access and equity programs focused on making sure that all women who are pregnant or who have children have every opportunity to complete their school or tertiary education. This would be an important step to reducing the high teenage abortion rate.

The Health Minister should improve the level of information available from the quarterly statistics by following the South Australian statistics where there is an opportunity to provide more detailed information. This would include providing:

- statistics detailing the number of women by each year of age;
- more detailed categories of reason for abortion; and,
- records of foetal gestation at the time of abortion in four week intervals.

There should be a renewed effort – particularly by policy makers – to try to understand the complex social problem of abortion, because only by understanding it will we be able to formulate policies and programs to reduce the abortion rate.

## Introduction

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With the passing of the *Health Regulation (Maternal Health Information) Act 1998* after extensive debate (Neville, 1998), the Minister for Health, Housing and Community Care has been required since 11 June 1999 to provide a limited amount of information on all abortions performed in the Australian Capital Territory (ACT).

The information, tabled in the ACT Legislative Assembly as Quarterly Reports from Approved Facilities, gives some indication of the health and wellbeing of women in the ACT. It refers to the overall number of abortions, the age of women having abortions, reasons for abortions, the gestation at which each abortion was performed, the number of repeat abortions and the institution at which the abortion was performed.

However, the reporting is perfunctory and not very transparent. Abortions are reported for each institution but not for the ACT as a whole so that calculations have to be made to determine total numbers for the ACT. This unfinished type of reporting is not adequate for making a fair and proper assessment of the state of abortion services and indeed the health and wellbeing of women receiving abortions in the ACT.

There is little available information on induced abortions in Australia as only South Australia, the Northern Territory and more recently, Western Australia and the ACT, collect population-based data in this area (Australian Institute of Health and Welfare, 2000: 181).

As reporting procedures in South Australia are more extensive than in the ACT and have been conducted over a much longer time period - since 1970 - the reporting of abortion services in South Australia could prove to be a useful model for other jurisdictions. In this report, equivalent South Australian data have been included to highlight changes to reporting procedures that could be made to improve the provision of information on abortion in the ACT.

## Abortion in the ACT

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In 1999-2000 there were 1664 abortions performed in the ACT. The period measured for the first year of statistics is actually from after 11 June 1999 to 30 June 2000. As the *Health Regulation (Maternal Health Information) Act 1998* came into effect on 11 June 1999, the abortion statistics have been reported from after that date.

The abortion rate for the ACT is equivalent to 22.3 per 1000 women in the reproductive age group (15-44 years). By way of comparison there are 56.8 births per 1000 women (see Table 3). The abortion rate is close to half the birth rate so that means for every 10 live births there are 4 abortions performed, or one abortion for every 2.5 live births.

*The abortion rate for the ACT is  
one abortion for every 2.5 live births*

In 1999, the latest period for which data are available, there were 5660 abortions performed in South Australia and the abortion rate was lower than in the ACT at 17.8 per 1000 women.

## Abortion in Australia

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Medicare statistics show that the abortion rate for Australia as a whole, is 17.4 per thousand women (Table 1). Medicare statistics tend to under-report abortions as, for example, the statistics do not include abortions performed in some State and Territory-funded public hospitals (Adelson et al, 1995: 419; Strangman, 1994: 128-129). The effect of this under-reporting is particularly reflected in the relatively low figures reported for South Australia, Tasmania and the Northern Territory. Nevertheless, the figures do provide some indication of the abortion rate as financed by Medicare. The total number of first trimester abortions funded by Medicare across Australia in 1999-2000 (number of benefits and services paid for item 35643) was 73,699.

**Table 1 : Australian Medicare-funded abortion rate per 1000 women, 1999-2000(a)**

New South Wales (including ACT)	22.9
Victoria	17.6
Queensland	15.8
South Australia	1.8
Western Australia	16.8
Tasmania	4.8
Northern Territory	2.3
Australia	17.4

(a) Per 1000 women in the reproductive age group (15-44 years).  
Source : Commonwealth Department of Health and Aged Care,  
Number of Benefits and Services Paid for Item 35643.

*Well over one third, 40 per cent of abortions in the ACT,  
were performed on women aged 25-34 years*

### Age groups and abortion

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Well over one third, 40 per cent of abortions in the ACT, were performed on women aged 25-34 years. About one quarter, 27 per cent, were performed on 20-24 year-olds and teenage abortions accounted for 18 per cent of all abortions performed in the ACT.

**Table 2 : ACT Abortions by age group, 1999-2000**

	Abortions	Per cent
Under 20	297	18
20-24	456	27
25-34	667	40
35+	244	15
Total	1664	100

Source : Minister for Health, Housing and Community Care, 2000.

Although the *Health Regulation (Maternal Health Information) Act 1998* allows the Health Minister to report on the age of women seeking abortions by age increments of one year, the Minister has chosen to report in increments of five years or more. The South Australian data provide information by five-year age groups and by single year of age for women under 20.

The abortion rate is highest amongst 20-24 year-old women in the ACT. Table 3 shows that the abortion rate was 34.8 per 1000 women. The fertility rate for this age group was 46.9 births per 1000 women. So for every 10 live births in this age group there were seven abortions, or one abortion for every 1.3 live births.

### *The abortion rate is highest amongst 20-24 year-old women*

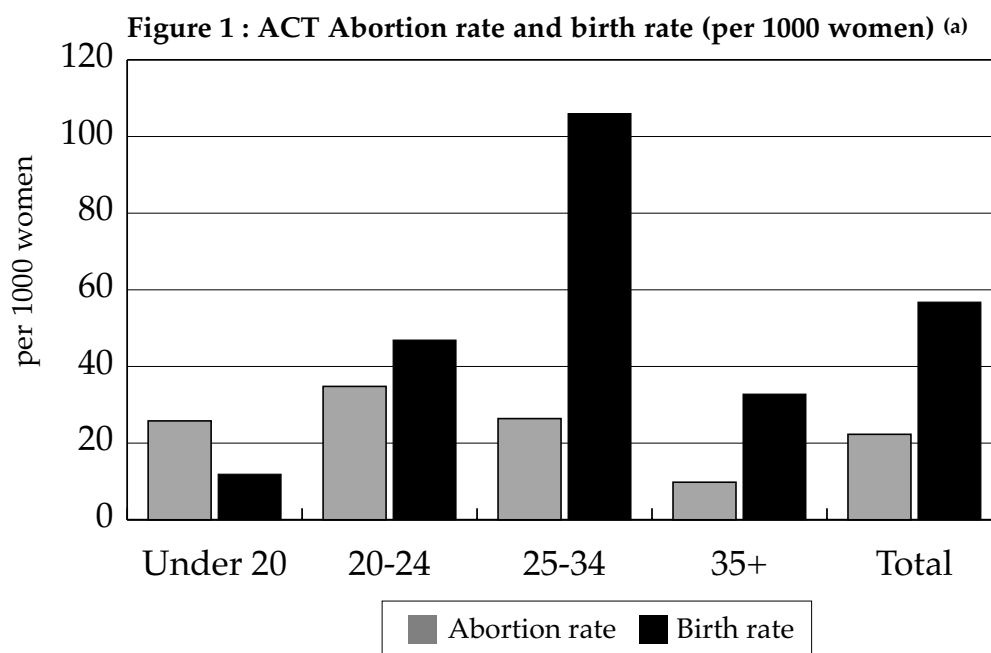
The data for South Australia also show that the abortion rate is highest among women aged 20-24 years at 33.7 abortions per 1000 women, just slightly lower than the abortion rate for women of the same age group in the ACT.

**Table 3 : ACT Abortion rate and birth rate (per 1000 women) (a)**

	Abortion rate	Birth rate
Under 20	25.8	11.9
20-24	34.8	46.9
25-34	26.4	106.0
35+	9.8	32.8
Total	22.3	56.8

(a) The abortion rate refers to the period 11/6/1999 to 30/6/2000. The birth rate refers to 1999, the latest year for which births data are available by age group. Per 1000 women in the relevant age group.

Sources : Minister for Health, Housing and Community Care, 2000; ABS, Estimated Resident Population, 3201.0; ABS, Births, 3301.0, unpublished data.



(a) The abortion rate refers to the period 11/6/1999 to 30/6/2000. The birth rate refers to 1999, the latest year for which births data are available by age group.

Sources : Minister for Health, Housing and Community Care, 2000; ABS, Estimated Resident Population, 3201.0; ABS, Births, 3301.0, unpublished data.

In the ACT, the birth rate was highest among 25-34 year-old women; 106.0 births per 1000 women compared with the abortion rate of 26 per 1000 women in this age group.

Amongst teenage (under 20 years old) women, the abortion rate was more than twice the birth rate. For every 10 live births to teenage women, there were 22 abortions, or one abortion for every 0.45 live births.

## Abortion rates compared with other countries

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Abortion rates in the ACT and South Australia appear to be high in comparison with Western European countries, which suggests there is a good possibility to reduce the local abortion rate. The Chairman of the Committee Appointed to Examine and Report on Abortions Notified in South Australia noted that "while the South Australian abortion rate of 17.8 per 1000 women remains lower than the Australian rate (22.2 per 1000 women in 1995-96), the much lower rates in some European countries indicate that there is much potential for prevention." (Committee Appointed to Examine and Report on Abortions Notified in South Australia, 2000).

*The number of abortions compared to births for teenage women in the ACT – standing at over two abortions for every birth – is unexpectedly high*

For example, an international comparison of abortion rates in the mid 1990s found that the abortion rate of Australian teenagers was not as high as the United States, with 23.9 abortions per 1000 women as compared to 32.1 abortions per 1000 women in the US. However, countries such as England and Wales had 19.2 abortions per 1000 women and Belgium, Germany and the Netherlands reported rates of 6.2 abortions per 1000 women or less (Bankole et al, 1999).

## Teenage abortions

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The number of abortions compared to births for teenage women in the ACT – standing at over two abortions for every birth – is unexpectedly high. The equivalent figure for South Australian teenagers is 1.7 abortions for every live birth. In commenting on Australian statistics, Kenny (1995: 240) notes that "approximately half of all adolescent pregnancies end in abortion." This is similar to figures for New South Wales quoted by Adelson et al (1992: 242).

A range of complex social factors lie behind abortions, but there are several clues in the literature as to why the rate of abortions compared to births is so high amongst teenage women.

While the majority of teenagers who become parents appear to be single parents (Adelson et al, 1992: 243), society's approval of mothers tends to be restricted to women who become mothers in the "right" circumstances. Those teenagers who become mothers in less than perfect circumstances often suffer society's disapproval as well as social and economic disadvantage (Bennett, 2000). A recent local study found that those people accessing support services in the ACT were more likely to be in single-person or single parent households, more likely to be young and more likely to have a low income (Poverty Task Group, 2000: 18).

As well as saying they could not afford a baby, women in a Sydney-based study reported chiefly that they were too young to have a baby, or that they wanted to establish a career before having a child (Adelson et al, 1995: 421). Another study found that 70% of the women surveyed who had sought abortions did so at least partly because they felt "... they would lose their job if the pregnancy continued..."

(Bourne and Kerr, 1982: 213). More recent studies have not asked this particular question. However, a recent Human Rights and Equal Opportunity Commission report found that many women in employment are still experiencing discrimination because they are pregnant (Human Rights and Equal Opportunity Commission, 1999).

There is also agreement that many young women feel that they cannot have a baby and continue to pursue their education (Beaton, 2000; Bennett, 2000), though it is difficult to find actual statistics that indicate whether pregnancy is a cause of young women leaving school (Montague, 1991: 34) or other levels of education early.

There are indications therefore that many teenagers and other young women seeking abortions do so either because they believe they cannot afford a child, because they do not believe they can continue their studies while pregnant or once they have a child, or perhaps because they feel a child cannot be accommodated within their career.

### *No young woman should go without her education because she has the courage to give birth to her child*

These are pointers to where further work is necessary to address the social problem of abortion. While financial reasons and the issue of pregnancy and work have received some attention through provisions for social security and through the Human Rights and Equal Opportunity Commission, addressing the educational needs of young women who are pregnant is an obvious area demanding attention. No young woman should go without her education because she has the courage to give birth to her child.

Currently efforts to accommodate pregnancy by the ACT Government school system as a whole include a reference in the ACT School Management Manual, which says that pregnant students cannot be excluded from school or prevented from accessing opportunities available to other students, as well as some flexible options for students who are pregnant (Stefaniak, 1999). While this is good, it is not the same as an equity and access program specifically designed to maximise the participation of young pregnant women and young mothers in education and to address their very special needs. Other Canberra schools and tertiary institutions should also consider equity programs in this area.

## Reasons for Abortions

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The inadequacies of the ACT statistics are highlighted by examining the reasons they record for abortion. The statistics show that just under 2 per cent of abortions in the ACT were performed for 'other medical reasons', while the remaining 98 per cent were performed for the 'health of the mother'. This information is so vague as to be meaningless.

**Table 4 : Reasons for abortions**

	Number	Per cent
Health of the mother	1634	98.2
Other medical reason	30	1.8
Total	1664	100.0

Source : Minister for Health, Housing and Community Care, 2000.

The reporting of reasons for abortions is more extensive in South Australia. The reasons given include 'specified medical condition', 'abnormality of foetus', 'assault on person' and 'mental health of woman'. Where an abortion is performed due to an abnormality of the foetus, there are an additional seven reasons recorded within this category.

However, there are also problems with the usefulness of the South Australian data collected. In South Australia, 98 per cent of abortions were performed because of the mental health of the woman and 2 per cent due to an abnormality of the foetus. There were a small number of cases recorded for the other two reasons listed.

It is vital that we improve our knowledge of the detailed reasons why women seek an abortion if we are to address this complex social problem.

## Gestation at time of abortion

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Nearly all abortions in the ACT (98 per cent) are performed during the first trimester. Just over 2 per cent of abortions are performed in the second trimester. In a small number of cases, the gestation of the unborn child is unknown.

**Table 5 : Gestation at abortion**

	Number	Per cent
First trimester	1622	97.5
Second trimester	36	2.2
Unknown	6	0.4
Total	1664	100.0

Source : Minister for Health, Housing and Community Care, 2000.

By way of comparison, in South Australia 93 per cent of abortions were performed in the first trimester and seven per cent in the second trimester. On this issue too, South Australia provides more information than the ACT, recording gestation in four-week intervals and by age of the mother.

*Nearly all abortions in the ACT are performed during the first trimester*

## Repeat abortions

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The statistics provided under the *Health Regulation (Maternal Health Information) Act 1998*, provide limited information on the number of previous or repeat abortions. The number of repeated abortions is only recorded where they occur at the same institution and after 11 June 1999.

There were 19 cases where women had had a repeat abortion at the same institution within the 12-month period. This represents around one per cent of all abortions in the ACT.

The South Australian data records whether the women had received any previous abortion at all and are not restricted to information within a particular institution. Approximately 38 per cent of South Australian women had had a previous abortion. The South Australian data also show the number of repeated abortions by the age of the mother.

Ryan et al (1994: 195-196) note one reason which may explain some of the repeat abortions in the ACT: the "... myth [that fertility is controllable] is based upon the largely unchallenged belief that contraception can and should be relied upon to prevent conception. The Family Planning Association is one organisation that argues that conception can be 'managed' ... Our study, found that a very high proportion of conceptions are unintended, having happened despite the woman's attempts at prevention. An unknown proportion of these pregnancies result in abortion ...". The ACT's main abortion facility, Reproductive Healthcare Services, is owned and managed by Family Planning ACT.

## Institutions performing abortions

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Nearly all abortions in the ACT, 95 per cent, are performed by Reproductive Healthcare Services. Just four per cent of abortions are performed at the The Canberra Hospital and the remaining one per cent are performed at either the John James Memorial Hospital, Lidia Perin Memorial Hospital or the National Capital Private Hospital.

**Table 6 : Institutions performing abortions**

	Number	Per cent
Reproductive Healthcare Services	1588	95.4
The Canberra Hospital	58	3.5
John James Memorial Hospital )		
Lidia Perin Memorial Hospital )		
National Capital Private Hospital)	18	1.1
Total	1664	100

Source : Minister for Health, Housing and Community Care, 2000.

## Additional information provided in South Australia

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Reporting in South Australia is more transparent as it provides more extensive information on abortion services, and therefore provides a better guide to the health and wellbeing of mothers in that State.

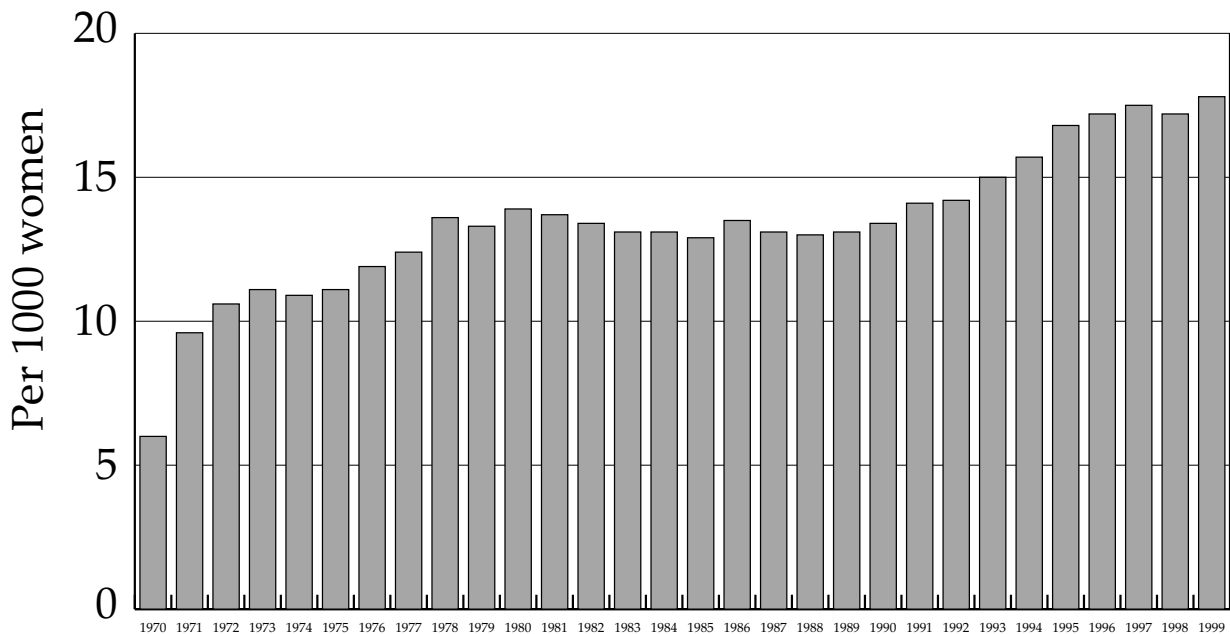
### *Reporting in South Australia provides more extensive information on abortion services*

Additional information provided includes the marital status of the mother, the category of doctor performing the abortion, the method of abortion, complications arising from performing abortion, abortions with sterilisation and residence of women (urban/rural). Much of this data is also provided in the form of cross-classifications, for example, gestation by age.

With the liberalisation of abortion laws in South Australia in the early 1970s, there was a commitment to proper and fair reporting of abortion services. There is now an extensive collection of information recording abortion services in South Australia over a relatively long period of time.

The data show that the abortion rate increased rapidly after abortion laws were liberalised, from six per thousand women of reproductive age in 1970 to 11.1 per 1000 women in 1973, as shown by Figure 2. Over the next 15 to 20 years the abortion rate remained relatively steady, having risen to 13.4 per 1000 women by 1990. The abortion rate increased quite dramatically again in the 1990s and in 1999 was 17.8 per 1000 women, the highest level ever recorded.

**Figure 2: Abortion rate per 1000 women (15-44), South Australia, 1970-1999**



Source: Committee Appointed to Examine and Report on Abortions Notified in South Australia, 2000.

## Abortion aftermath

There are many aspects of the abortion situation in the ACT that are not addressed by statistics, including the negative consequences of abortion for women. A Canberra woman wrote in a submission to a National Health and Medical Research Council inquiry into abortion in 1995 about how she was given an abortion despite her ambivalence, and how she had been suffering severe distress since then.

“The impact on my family’s relationships was enormous. I was immediately suicidal and my general practitioner referred me to a psychiatrist. It took me a long time to look at myself in the mirror. It took me a long time to stop crying when I hugged my other two babies. All I could think about was my lost child who would never be cuddled, who would never join our family and who would never be able to tell me that he/she loved me and nor could we respond in kind”(Spencer, 1995).

Post abortion grief is a largely hidden issue in our community because is it not easily measured and not widely recognised.

While statistics on post abortion grief are not collected in the ACT, the recent Australian study *Giving Sorrow Words: Women’s stories of grief after abortion* (Tankard Reist, 2000) presented the stories of eighteen women and drew on the testimonies of over 200 more, all of whom detailed the damage abortion had done to their lives.

One of the women who contributed to the book said "to this day I have never been the same. Not a day goes by when I don’t think of my baby and what I did.

It's been two years now since that terrible day and I have only just been able to throw away my scan pictures" (Tankard Reist, 2000: 162).

However the grief experienced by many women who have had an abortion often goes unrecognised, unacknowledged and even disbelieved. As one of the contributors to *Giving Sorrow Words* commented, "what saddens me most is this: despite my efforts and the efforts of many women who participated in Tankard Reist's groundbreaking and compassionate book - none of us has been heard" (Marguerite, 2001).

*These statistics can perhaps spur some attention towards solutions to this longstanding social tragedy*

These statistics cannot give voice to the women who suffer the after effects of abortion, but they can give some voice to the unborn children who fell victim to abortion, and they can perhaps spur some attention towards solutions to this longstanding social tragedy.

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