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## ***Reducing the Abortion Rate***

Unwanted pregnancy is linked to a range of social, cultural, economic and psychological factors. There are no simple solutions or single factor interventions that will reduce the rate of abortion. However evidence indicates that comprehensive sexual health education and access to contraception are effective in lowering rates of pregnancy, particularly among young people.

### ***Access to Contraception***

A program conducted in South Carolina, USA provides a useful example of the effectiveness of a comprehensive contraception and education campaign. In this campaign school nurses provided condoms, assisted teenage women with access to the local family planning clinic and provided counselling. Teachers and school administrators were also offered training in sexual health education, decision making, self-esteem and communication. Information was also provided to church leaders and parents. A local media campaign also supported the campaign. While the program was in operation the rate of youth pregnancy in the local area halved (from 77 per 1000 in 1981/82 to 37 per 1000 in 1984/85). A year later the state prohibited dispensing of contraception in schools and the rate of pregnancies subsequently rose to 66 per 1000 in 1987/88<sup>1</sup>.

The decline in teenage births in Australia since the 1970s has been linked to better access to contraception (particularly the pill) and abortion. Several studies conducted in the 1970s and 80s indicated low use of contraceptives among young women. More recent research has shown increased use<sup>2</sup>.

### ***Emergency Contraception***

Emergency Contraception (EC) (also known as the 'morning after pill') became available from 1st January 2004 for purchase from pharmacies without a prescription. It contains the progestogen levonorgestrel. This is one of the hormones commonly found in the oral contraceptive pill (the 'Pill'). EC works in several ways to stop pregnancy before it starts: stopping or delaying ovaries from releasing an egg; preventing sperm from fertilising any egg that has already released; or stopping a fertilised egg from attaching itself to the womb lining. EC can stop a pregnancy before it starts. It does not work if a woman is already pregnant. EC will prevent 95% of expected pregnancies when commenced within 24 hours, 85% between 25-48 hours and

*The Australian Reproductive Health Alliance (ARHA) is an advocacy agency that seeks to advance the goals of the International Conference on Population and Development (Cairo 1994). ARHA promotes public support for reproductive rights and gender equity.*

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58% if used between 49-72 hours. The safety of EC has been researched in women all around the world. Serious side effects have not been reported with EC<sup>3</sup>.

Research from the US indicates that EC has the potential to avert as many as 50% of teenage pregnancies<sup>4</sup>. EC supplements other forms of contraception, it does not replace them. As part of a range of contraceptive choices, EC offers women an opportunity to avoid unintended pregnancy in the event that other contraceptive methods fail or for various reasons have not been utilized.

### ***Comprehensive Sexual Health Education***

There is no evidence to suggest that abstinence only programs successfully delay the onset of sexual intercourse. Recent research on abstinence only programs indicates that they may actually undermine the use of contraceptives when young people become sexually active<sup>5</sup>.

Comprehensive sex education has been proven to provide young people with more support and guidance in regards to delaying first sexual intercourse and to develop a healthy attitude towards sex and their sexuality. Sexual health education should begin at an early age, and engage with a variety of forms of media in non-judgmental and positive manner.<sup>6</sup>

#### **(Footnotes)**

<sup>1</sup> Slowinski, Krystyna 2001 *Unplanned Teenage Pregnancy and the Support Needs of Young Mothers: Review of the Literature* South Australian Department of Human Services, Adelaide

<sup>2</sup> ibid

<sup>3</sup> <http://www.emergencycontraception.com.au/> see also David G. Weismiller, M.D., SC.M 2004 *Emergency Contraception* American Family Physician, August 15 <http://www.aafp.org/afp/20040815/707.html>

<sup>4</sup> Slowinski, Krystyna 2001 *Unplanned Teenage Pregnancy and the Support Needs of Young Mothers: Review of the Literature* South Australian Department of Human Services, Adelaide

<sup>5</sup> Sexuality Information and Education Council of the United States, 2002 [http://www.pplm.org/Facts/se\\_fact/be\\_fact.html#SE](http://www.pplm.org/Facts/se_fact/be_fact.html#SE)

<sup>6</sup> David and Rademarks 1996 *Lessons from the Dutch Abortion Experience* Studies in Family Planning, V 27 (6)

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