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Abortion Trends in New Zealand

1980–2007

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1 Introduction and context

Abortion has long been a topical issue in New Zealand. The objective of this paper is to outline the national abortion trends in New Zealand since 1980, showing how different aspects of the trends have changed over time.

The most recent report on abortion by Statistics New Zealand was an article in *Key Statistics* in September 2001. However, there are regular releases of abortion statistics through the *Demographic Trends* publication, and an annual abortion statistics release. This report will pull together the available information and analyse recent trends in the data.

The number of abortions and the general abortion rate (number of abortions per 1,000 women aged 15–44) have both risen over the 1980 to 2007 period. However, the general abortion rate has remained at approximately 20 per 1,000 women since 2002.

The abortion ratio measures the number of abortions per 1,000 known pregnancies (live births, stillbirths, and abortions combined). It describes the proportion of pregnancies terminated by an abortion. The abortion ratio increased from 120 abortions per 1,000 known pregnancies in 1985, to 222 abortions per 1,000 known pregnancies in 2007.

There has been a gradual shift towards a longer duration of gestation before an abortion, as well as a shift towards a higher proportion of women who have had a previous abortion. Among a number of factors, these trends are affected by the changing fertility of the population at risk, and the length of reproductive life for which women have been able to access abortion.

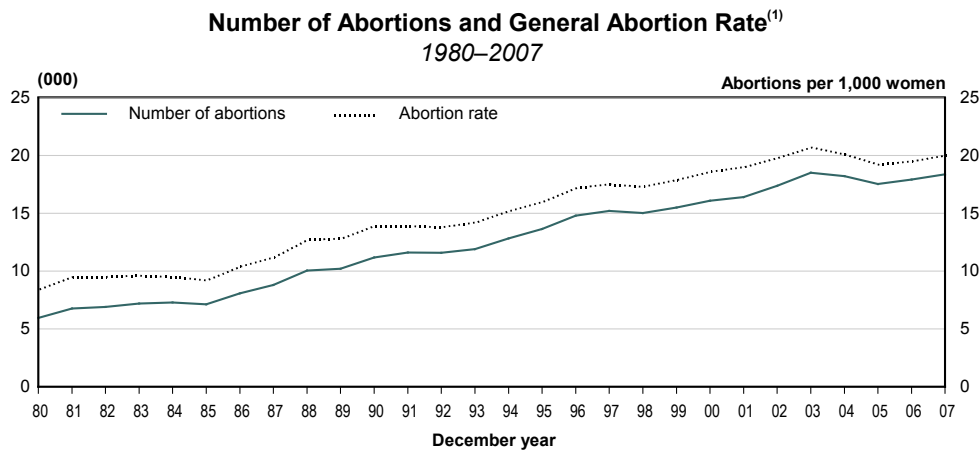
Abortion is defined as foetal loss, usually during the first 20 weeks of gestation. 'Induced' abortions are those initiated voluntarily with the intention of terminating a pregnancy. All other abortions are called 'spontaneous', even if an external cause is involved, such as injury or high fever.

In New Zealand the grounds on which an induced abortion is permitted are described in the Contraception, Sterilisation, and Abortion Act 1977 and in section 187A of the Crimes Act 1961. For every abortion carried out as approved under the Contraception, Sterilisation, and Abortion Act 1977, a 'Notification of Abortion' form (ASC Form No. 4) must be filled in by the licensed abortion institution. Statistics NZ produces regular information about abortions on behalf of the Abortion Supervisory Committee (ASC). The statistics in this paper refer to resulting legally induced abortions.

2 Overview of abortion trends in New Zealand

In 1980 there were 5,945 abortions performed in New Zealand. The number of abortions has increased steadily over the past 27 years, and peaked at 18,511 in 2003. In 2007 there were 18,382 abortions (see figure 2.1).

Figure 2.1



(1) Per 1,000 mean estimated number of women aged 15–44 years.

The general abortion rate (abortions per 1,000 women aged 15–44) has increased since 1980. It rose from 8.5 abortions per 1,000 women aged 15–44 in 1980, to a peak of 20.8 per 1,000 women in 2003. In 2007, the rate was 20.1.

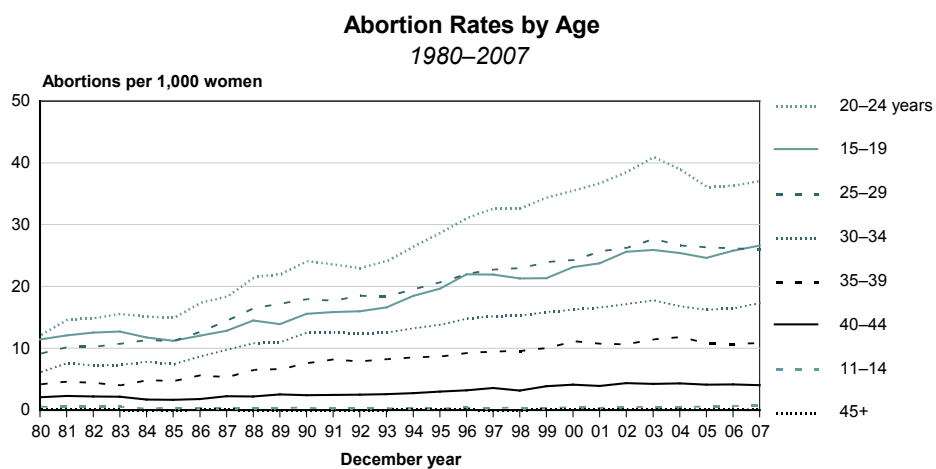
Since 2003, the number of abortions has levelled off, to approximately 18,000 abortions per year. Similarly, the general abortion rate has remained at approximately 20 abortions per 1,000 women aged 15–44 since 2002. Monitoring changes over the future will indicate whether this is a short-term movement or an ongoing trend.

3 Analysis of abortions by age

Abortion rates

The abortion rates for women aged 11–14 and 45+ are so small (compared with the other age groups) over the 27-year period that they cannot be distinguished from each other in figure 3.1. For the 11–14-year age group, the rate has consistently remained below 1.0 over 27 years. This means that there has been less than 1 abortion per 1,000 girls aged 11–14 years. For the 45+ year age group, the rate has remained below 0.5 over the 27-year period.

Figure 3.1



Women aged 20–24 years have consistently had the highest abortion rate, peaking in 2003. In 2006–07 there were noticeable upward movements in the abortion rate for this age group, as well as for women aged 15–19 and 30–34 years. The abortion rates for women in the two youngest age groups were highest in 2007 and rates for women in all other age groups peaked between 2002 and 2004. In 2007 abortion rates for women in age groups between 15 and 39 years were all more than twice the levels found in 1980.

Although the abortion rate for the 40–44-year age group has almost doubled from 2.1 per 1,000 women to 4.0 over the 27-year period, this is still a relatively low abortion rate in relation to other age groups.

Figure 3.2

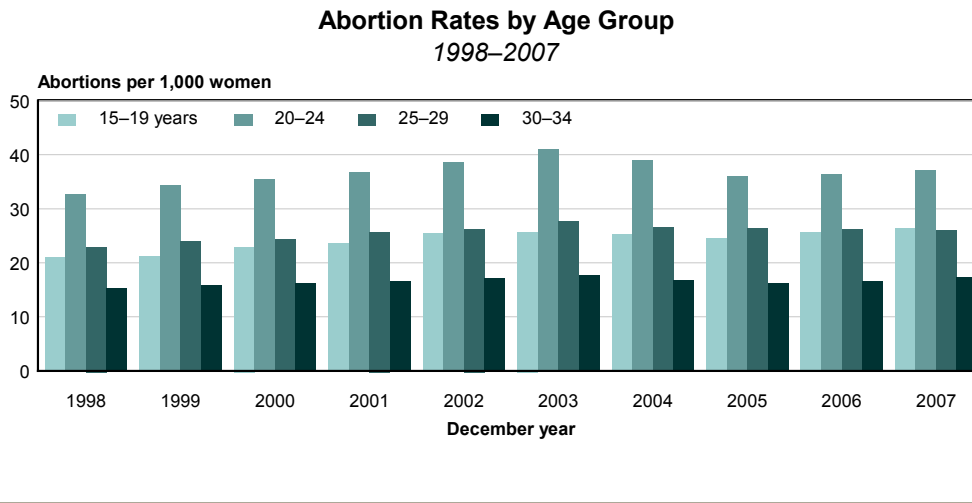
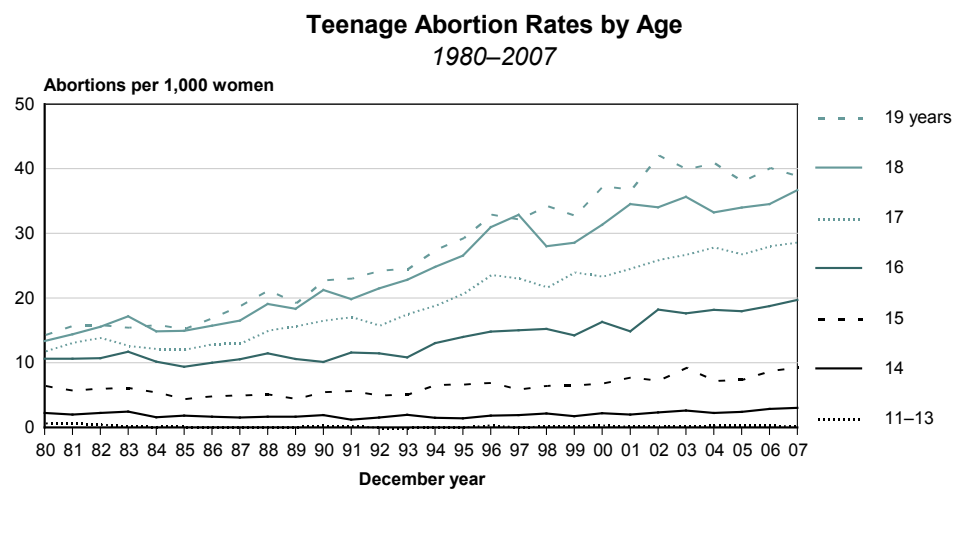


Figure 3.2 shows the abortion rates between 1998 and 2007, for women in the younger childbearing ages. It reinforces that the abortion rates for women aged 20–24 years have been much higher than the other age groups.

Teenage abortion rates: single-year age analysis

The abortion rate for the under-20-year age group as a whole has generally shown a gradual increase over time, from 12.0 abortions per 1,000 females aged 11–19 years in 1980 to a high of 27.3 in 2007.

Figure 3.3



Abortion rates increase with each additional year of age (see figure 3.3). The single-year abortion rates for females aged 15 years and under have been low and relatively stable over time. The abortion rate for females aged 11–13 years is very low and has fluctuated around 0.4 abortions per 1,000 females in this age group.

In contrast, the single-year abortion rates for 16–19-year-olds have been increasing, with the steepest increases in rates for women aged 17 years and over. The abortion rate for the ages 14 to 16 increased between 2 and 3 percent per year on average, over this time period. The 17-, 18-, and 19-year-olds had higher average annual increases (3.3, 3.8, and 3.7 percent, respectively).

The 20–24-year age group

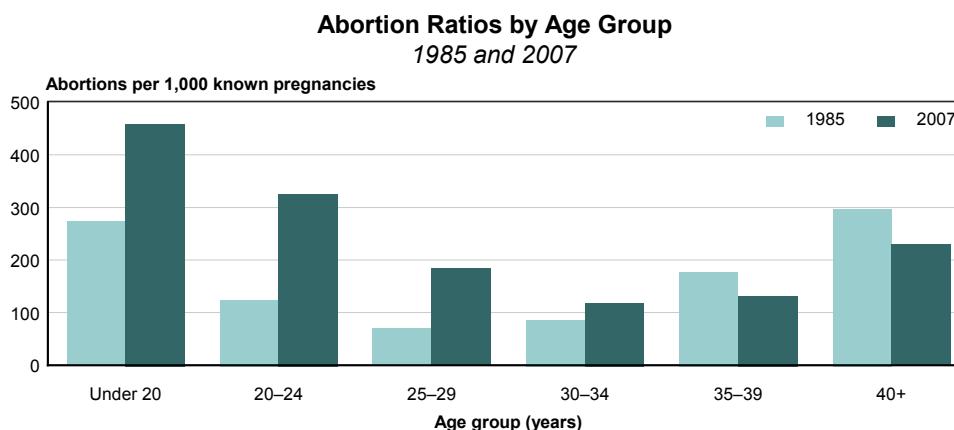
As mentioned previously, women in the 20–24-year age group have consistently had the highest abortion rate. This age group also had the largest increase in the number of abortions. In 1980 there were 1,613 abortions to women in this age group – by 2007 this had increased to 5,445.

Between 1980 and 2007, the overall abortion rate for this age group more than tripled. On average, the abortion rate for the 20–24-year age group has increased by 4.2 percent every year since 1980.

4 Abortion ratio

By combining abortion and birth statistics it is possible to establish what proportion of known pregnancies are terminated by abortion. Changes in the resulting measures do not indicate any change in the proportion of females becoming pregnant. Instead, they indicate a shift in the proportion terminating their pregnancy.

Figure 4.1



The abortion ratio has changed over the past 22 years (see figure 4.1). In 1985, the abortion ratio was 120 abortions per 1,000 known pregnancies. By 2007 this increased to 222. In 1985 women aged 40 and over had the highest abortion ratio, slightly above that of women aged under 20. In 2007, women aged under 20 years had the highest abortion ratio.

The biggest change was in the 20–24-year age group. In 1985, the abortion ratio was 126 abortions per 1,000 known pregnancies. This figure more than doubled to 328 in 2007. The under-20 age group has also displayed a large rise in the abortion ratio, from 275 in 1985 to 461 in 2007. This does not necessarily suggest a change in the sexual behaviour of this group, as the pregnancy rate (number of known pregnancies per 1,000 women aged under 20) has remained between 50 and 60 since 1990.

A marked rise in the abortion ratio was also seen in the 25–29-year age group. The abortion ratio has increased for all age groups up to 34 years of age. The two oldest age groups, 35–39 and 40 and over, have experienced slight decreases in the abortion ratio.

The increase in the abortion ratio may indicate that abortion has a role in fertility regulation for some women. This suggestion was also raised at the Abortion Providers Conference in 1995, in the context of the increasing proportion of women under 20 years of age terminating their pregnancy (Sceats and Parr, 1995). However it is noted that abortion is only one aspect of female reproductive health, and other factors

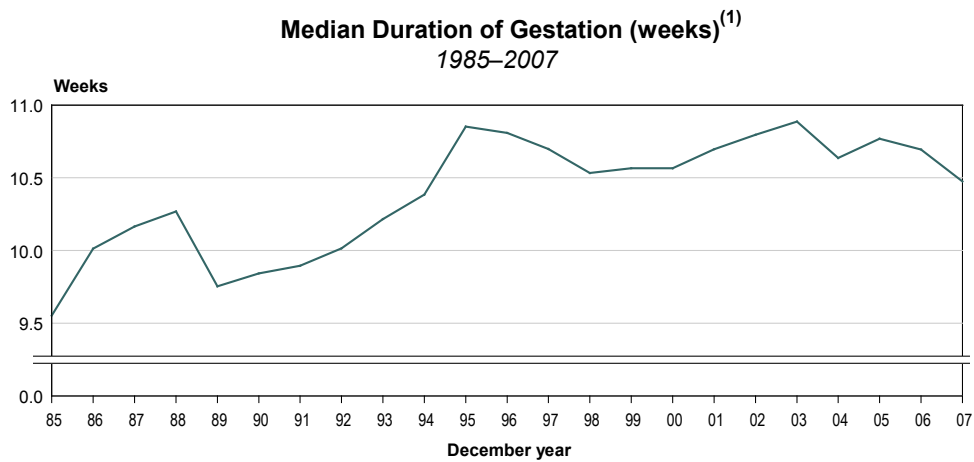
contribute to the complexity of issues around abortion (Johnstone in Dickson, Ball, Edmeades, Hanson and Pool, 1997).

A discussion of the abortion ratio necessitates an analysis of the changing fertility in the age groups. For example, while the number of abortions has risen for all age groups, the number of known pregnancies has decreased in the 20–24 and 25–29-year age groups. This has affected the abortion ratio. Although the 35–39 and 40 and over age groups both show a decrease in the abortion ratio, this is partly due to the increase in known pregnancies for both of these age groups. In 1985 there were 3,274 known pregnancies for the 35–39-year age group; by 2007 this had increased to 13,501. A similar pattern can be seen for women aged 40 and over: in 1985 there were 556 known pregnancies in this age group, by 2007 this had increased fivefold to 3,131. This reflects the trend of women choosing to have children later in their reproductive years.

5 Duration of pregnancy

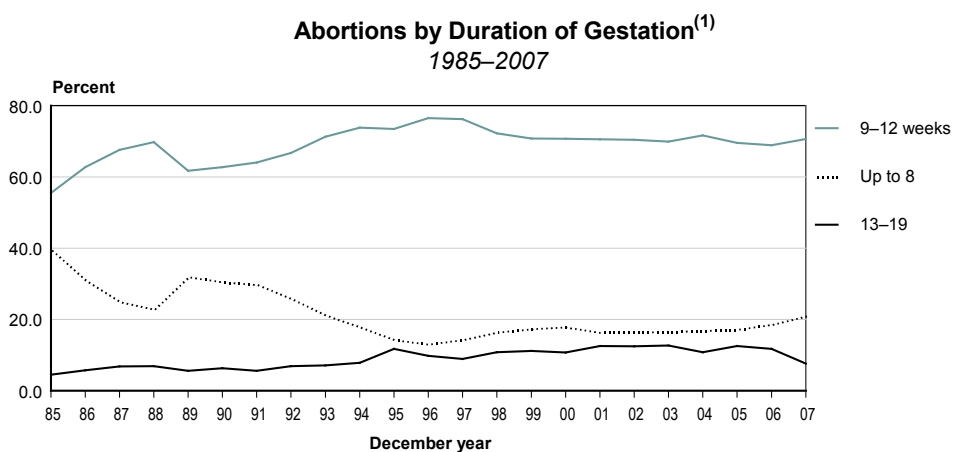
Figure 5.1 shows the median duration of gestation. Gestational data was not available for dates before 1985. The median duration of gestation (half were shorter and half were longer) for abortions in New Zealand rose from 9.6 weeks in 1985 to 10.3 in 1988, and then fell to 9.8 weeks in 1989. After this, the median duration of gestation gradually increased and reached its peak of 10.9 weeks in 1995, and the same again in 2003.

Figure 5.1



(1) Excludes abortions over 20 weeks. Abortions of 4 weeks' gestation or less are grouped.

Figure 5.2



(1) Excludes abortions over 20 weeks.

An analysis of abortions by duration of pregnancy (see figure 5.2) shows that the percentage of abortions performed at less than 9 weeks' gestation decreased from 39.7 percent in 1985 to 23.0 percent in 1988, then rose sharply to 32.2 percent in 1989 before falling again. It reached the lowest point in 1996 (13.3 percent) and has been fairly stable since then. Abortions in this gestational group have fluctuated between 15 and 17 percent between 1997 and 2005, and then increased to 19 percent in 2006 and 21 percent in 2007. This overall trend is the inverse to the median duration of gestation.

The most common period of gestation is 9–12 weeks.¹ The trend has tended upwards over time. On average, 64 percent of abortions performed between 1985 and 1992 were in this gestational period. Between 1993 and 2007 this rose to 72 percent. The percentage of abortions performed at 13–19 weeks' gestation rose by 50 percent in 1995, and while this appears to have been a sustained shift, there was a decrease in 2007.

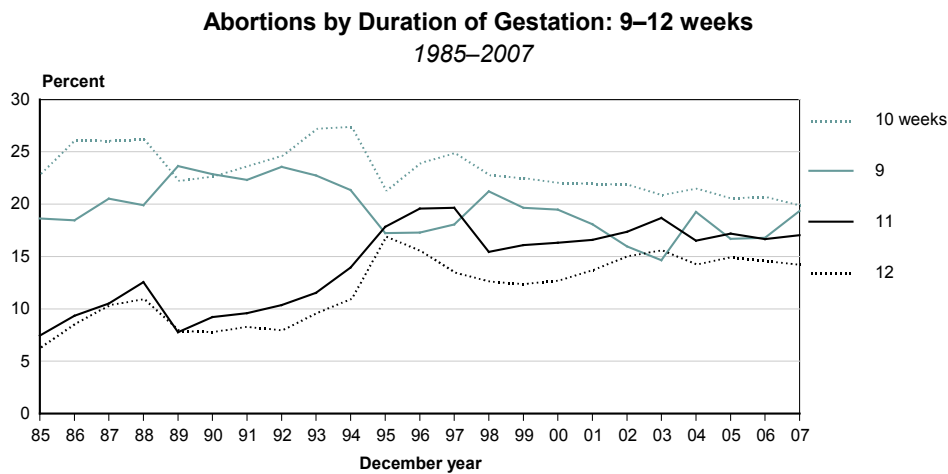
The Crimes Act 1961 outlines the strict conditions in which an abortion may be performed when a pregnancy is over 20 weeks' gestation. The abortion must be performed to save the woman's life, or prevent serious permanent injury to her physical or mental health (Crimes Act 1961). The percentage of abortions performed at over 20 weeks' gestation has remained between 0.1 percent and 0.5 percent between 1985 and 2007. This reflects the strict criteria and suggests that serious consideration is given to abortions performed over 20 weeks' gestation.

Gradual increase in longer gestations

An analysis of the most common gestational grouping in New Zealand shows that from 1985 to 2007, there has been a gradual shift towards longer gestations (see figure 5.3).

¹ In this report, gestations have been grouped in the categories 'under 9', '9–12', '13–19', and '20+' to enable international comparison. The Contraception, Sterilisation and Abortion Act 1977 specifies two kinds of licenses for providers. A limited license enables providers to perform abortions during the first 12 weeks of pregnancy. A full license covers any length of pregnancy. The gestational groupings also fit with the general definition of trimester length.

Figure 5.3



In 1990, abortions during the ninth and tenth week of gestation were both between 22 percent and 23 percent of the total abortions for 1990. Before and after 1990, the most common week of gestation has been 10 weeks; however this has been decreasing over subsequent years. Over the same period, the percentages of abortions during the 11th and 12th week of gestation have both risen. This increase has been most noticeable from 1995 onwards.

There may be a number of factors contributing to the increasing length of gestation. Women may be spending more time considering their decision to have an abortion. Alternatively, the duration of gestation could be seen as an indicator of the accessibility and responsiveness of abortion services (Royal College of Obstetricians and Gynaecologists, 2007). In the 1990s, access to abortion providers was a concern of the Abortion Supervisory Committee. Their 1997 annual report to Parliament noted an increasing reluctance by regional health authorities (RHAs) and Crown Health Enterprises (CHEs) to provide local abortion services, as well as the uneven spread of service provision in larger centres such as Auckland (Abortion Supervisory Committee, 1997). Five of the 15 recommendations targeted the improvement of abortion service provision.

An examination of the location of abortion service providers shows that limited services are currently provided in the Palmerston North, Bay of Plenty, West Coast, and Southland regions. These regions provide a combination of assessment, counselling, and referral to other centres. Women living in these regions must travel to other centres for an abortion, and this is likely to have an impact on the length of their gestation. Young women in particular could be more likely to face barriers such as access to transport and the cost of travelling.

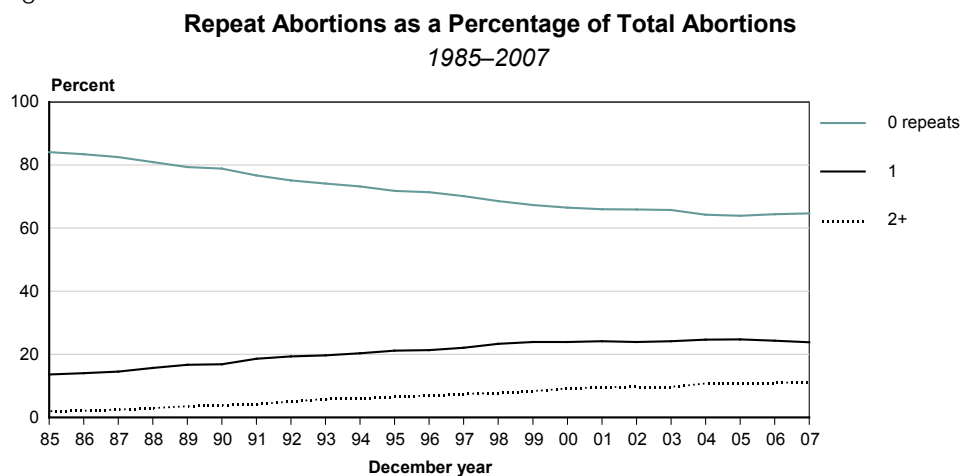
In addition, District Health Board (DHB) provision of second trimester abortions in some areas varies. For example, the Northland DHB provides first trimester abortions through Whangarei Hospital.

In their most recent report to Parliament (2008), the Committee acknowledged the lack of access to some or all abortion services. The Committee is working with District Health Boards New Zealand (DHBNZ) on a paper to recommend the requirements for the equitable provision of abortion services in New Zealand (Abortion Supervisory Committee, 2008).

6 Previous abortions

Between 1985 and 2007, the percentage of women having an abortion for the first time (zero previous abortions) declined from 84 percent to 65 percent. In contrast, the proportion of women who have had one previous abortion has increased gradually from 14 percent to 24 percent. The proportion of women who have had two or more previous abortions has also increased sixfold, from 2 percent to 12 percent (see figure 6.1).

Figure 6.1



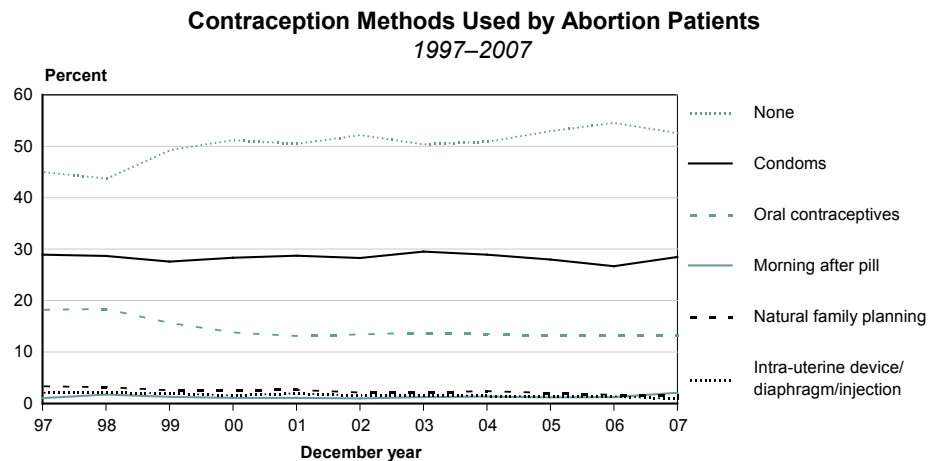
Although the percentage of women obtaining repeat abortions has gradually been rising, in recent years this has levelled off. The proportion of women who have had one previous abortion has remained between 24 percent and 25 percent since 1999. The proportion of women seeking an abortion who have had two or more previous abortions has remained between 10 percent and 12 percent since 2000.

Repeat abortions may have increased partly because there is a diminishing pool of women who were not able to have an abortion for part of their reproductive life. The first private abortion clinic was not set up until 1974, and abortion was fairly restricted until the late 1970s (Auckland Medical Aid Centre Ltd, accessed 21 December 2007). As a result, in 1985 a 45-year-old woman having an abortion would only have had access to legal abortion for the last few years of her reproductive life (which lasts approximately 30 years). In contrast, a 45-year-old woman in 2007 would have had access to legal abortion for most of her reproductive life. This could explain the recent levelling off in the past six to eight years, as with each successive year more women have had access to abortion for a longer period of their reproductive life.

Contraception

Caution must be used when interpreting these contraception statistics, as the form of contraception used is a self-reported question, and there is no other qualifying information.

Figure 6.2



Before 1997, the contraception question on the abortion notification form related to the contraception prescribed rather than contraception used. As a result there is a limited amount of data on the method of contraception used by abortion patients.

An analysis of contraception methods between 1997 and 2007 shows that the percentage of abortion patients using oral contraceptives at the time of conception decreased over time, but has remained at approximately 13 percent since the year 2000 (see figure 6.2). However, the percentage of women who stated that no method of contraception was used has been steadily increasing since 1999. It has remained above 50 percent since 2000, and was 53 percent in 2007.

There is some evidence to suggest that abortion levels are linked to the pattern of contraceptive use (Marston and Cleland, 2003). This, along with the increase in lack of contraceptive use by abortion patients, could highlight the need to educate men and women about the importance of contraception. Education about alternatives to abortion, including the support/assistance available for young mothers in particular, could also be beneficial.

The increase in repeat abortions may also be linked to changing attitudes about contraception, including recent pill scares. A recent study of 400 termination cases in 1995, 1999, and 2002 found some evidence of ‘panic-stopping’ through media-promoted fear of health risks associated with oral contraceptives in 1999 (Goodyear-Smith and Arroll, 2003). The decrease in the relative use of oral contraceptives in 1999 could be seen as related to the pill scare in 1999. However this was a sustained decrease, also coinciding with an increasing proportion of abortion patients using no

contraception. It should be noted that changes over time to the subsidy applied to the contraceptive pill may also have affected usage.

7 International comparisons

Limitations of comparing international abortion data

The comparability of international data is affected by differing abortion laws in each country. For example, the United States has different abortion laws depending on the state. Among other things, the differences relate to conditions for prohibition, waiting periods, physician and hospital requirements, and gestational limits (Guttmacher Institute, 2007). As a result, more than one abortion law is in effect within the same country.

There is some degree of movement by women in countries with more restrictive abortion laws, to jurisdictions with more liberal laws. For example in the late 1970s many New Zealand women travelled to Australia to obtain an abortion, due to the restrictive abortion laws in New Zealand. In more recent years, this practice has been observed in countries such as Ireland, where abortion is legal only when the pregnancy endangers the woman's life, and many women travel to England instead (Baker, 2006).² There is also some evidence of this occurring in Australia, where residents of some jurisdictions appear to be accessing abortion services in other states (Nickson, Shelley and Smith, 2002). Differences in legal systems and the subsequent movement of women between countries affect international comparisons.

New Zealand has full coverage statistics of abortions performed, due to the legal requirements of notification. Many countries, including Australia, the United States, and Canada do not have national notification systems. Differing levels of coverage will affect the comparability of data between countries.

There are also differing policies on publishing abortion statistics. For example some states of Australia collect abortion data but do not routinely publish it. At present, Western Australia and South Australia are the only two states with notified abortion statistics and regularly published data.

International comparisons

The New Zealand abortion rate is calculated per 1,000 women aged 15–44. A number of other countries define their populations in a slightly different way. The countries in the following analysis were chosen for their similar low fertility levels and the availability of data.

The general abortion rate is the number of induced abortions per 1,000 estimated mean number of women aged 15–44 years. In 2007, New Zealand's general abortion

² Note that the abortion rates for England and Wales exclude non-resident women.

rate was 20.1 per 1,000 (see figure 7.1). This rate is similar to Australia (19.3 in 2004)³ and the United States (19.4 in 2005), and slightly lower than Sweden (21.0).

Figure 7.1



(1) Or latest available year.

Over the 10-year period the abortion rate for most of the countries shown has increased.⁴ The largest increase was seen in Sweden. The general abortion rate decreased in Denmark, Australia, and the United States.

³ Abortions are estimated based on Medicare and hospital morbidity statistics.

⁴ Comparisons have been made using data from 1997 and 2007. Note that the latest available data for Australia is 2004, for the United States is 2005, and for Denmark is 2006.

Where to find additional information

For more information about the method of data collection, the information collected on the Notification of Abortion Form, and the grounds for permitting an abortion, please see:

www2.stats.govt.nz/domino/external/omni/omni.nsf/outputs/Abortion+statistics

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Glossary

Abortion

Foetal loss, excluding stillbirths, usually during the first 20 weeks of gestation. 'Induced' abortions are those initiated voluntarily with the intention of terminating a pregnancy. All other abortions are called 'spontaneous', even if an external cause is involved, such as injury or high fever.

Abortion ratio

The number of abortions per 1,000 known pregnancies (live births, still births, and abortions combined). It describes the proportion of pregnancies terminated by an abortion. Note that the ratio can be calculated in a number of ways depending on data availability, and care needs to be taken when comparing abortion ratios to ensure that consistent definitions are used.

Age-specific abortion rate

The abortion rate expressed in terms of the experience of women within each five-year age group, or by single year of age. It takes into account the age composition of each group.

General abortion rate

The number of induced abortions per 1,000 estimated mean number of women aged 15–44 years.

Dividing the number of abortions by the number of women of childbearing age (15–44) allows us to observe and interpret changes in a more meaningful way than if we were to look solely at the number of abortions, as we take into account the composition of the group we are interested in. For example, between 1983 and 1984 the number of abortions rose from 7,198 to 7,275. However, the number of women aged 15–44 also increased, and as a result the general abortion rate fell from 9.7 to 9.6.

Women in the age group 15–44 are used as the denominator because they are considered to be the population of women of childbearing age. This is used in international statistics.

All abortion statistics and derived abortion rates released by Statistics NZ are based on the number of legally induced abortions. No information is available on spontaneous or illegal abortions.

Total abortion rate

The average number of abortions that a woman would have during her life if she experienced the age-specific abortion rates of a given period (usually a year). It excludes the effects of mortality. It is a summary measure and derived from the age-specific abortion rate.