

Factsheet: Unplanned pregnancy in the Australian Capital Territory

It is estimated that up to half of all pregnancies in Australia may be unintended. There are no specific data for the rate of unplanned pregnancy in the Australian Capital Territory, or for pregnancy outcome (meaning whether a pregnancy resulted in a live birth, miscarriage, or induced abortion) apart from recorded births.

Not all unplanned pregnancies are unwanted, many can simply occur at a time other than planned or expected. A common misperception is that unplanned pregnancy is primarily an issue for adolescents. Unplanned pregnancies actually occur across women's reproductive lifespan.

Unplanned pregnancies can result from lots of factors, including:

- Misinformation and myths about fertility, sex and reproduction such as, *“a woman can't get pregnant the first time she has sex”*, or *“you can't get pregnant during your period”*
- Contraceptive failure (up to 60% of unplanned pregnancies occur even when contraception was being used, and actual use can vary widely from optimal use)
- Having sex while drunk or high (reduces judgment to make safe choices, and reduces effective use of contraception)
- Difficulty or embarrassment in obtaining contraception:
 - Feeling embarrassed about asking a doctor about or buying contraception
 - Unsupportive health professionals who do not provide accurate information about contraceptive options, or may deny or limit access to certain women and men
 - Not knowing where or how to get health information about fertility, sex and reproduction
 - Parents and carers not giving their children accurate information about fertility, sex and reproduction
- A lack of support or communication in relationships, including shared contraceptive responsibility and planning the desired number, timing and spacing of children
- Violence, coercion and abuse, including sexual assault and sexual abuse

Rates of unplanned pregnancyⁱ are typically lower in countries that are economically developed, and greater gender equality, consistent and medically-accurate sexuality and relationships education programs, and access to affordable contraceptive methods are correlated with lower unplanned pregnancy rates.

Contraceptive effectiveness

No method of contraception is 100% effective. Methods that rely on use every time sex happens, such as condoms, can be very prone to human error, and actual use can vary widely from optimal use. Methods that rely on women remembering to take a pill each day can also be made less effective by inconsistent use and illness. Abstinence from sex can be a very effective short-term strategy to prevent intended pregnancy, but is not a realistic contraceptive option across the reproductive lifespan for most people, and does not work at all where violence, coercion and threat are used to force sex against a woman's choice and consent. The World Health Organization estimates that even if every couple used contraception perfectly every single time they had sex, there would still be six million unplanned pregnancies each year worldwideⁱⁱ.

Pregnancy options

There are three options available to women when they have an unplanned pregnancy:

- Continue the pregnancy and parent
- Continue the pregnancy and place the child for adoption
- Have an abortion

SHFPACT provides more detailed information about each of these options in its *Pregnancy Options* information available here <http://www.shfpact.org.au/index.php/sexual-health/pregnancy-options>

Unplanned pregnancy counselling

'Counselling' is a broad term used in different ways, and can include advice, information, support, education, and/or therapy. Appropriate counselling can offer a valuable and much-needed resource when making a decision about a pregnancy.

Some women may not feel a need for it, while others do. Many women feel uncomfortable or unable to talk with friends and relatives about an unplanned or unwanted pregnancy. In this situation professional counselling can provide an opportunity to work through thoughts and feelings in a supportive environment. Appropriately trained counsellors offering non-judgemental and non-directive support can also provide accurate information which may assist women in pregnancy decision-making.

Unfortunately, some organisations offering unplanned pregnancy support or counselling may misrepresent their service when advertising or placing notices. SHFPACT recommends that women always check that the service is a genuine non directive counselling service, which can be determined by asking if they will give you information about available abortion services if needed. A non-directive service will always do this.

SHFPACT offers a free, non-directive, non-judgemental unplanned pregnancy counselling service to the Canberra community.

Responses to unplanned pregnancy

There are many effective ways to increase individual and community awareness about and to reduce unplanned pregnancies:

1. **Education and information at home:** Parents and carers are the primary educators of children. Talking openly and often about the body and how it works, right from early childhood, builds a strong foundation for sexuality and relationships information, including fertility, sex and reproduction, at an age- and developmentally-appropriate time.
2. **Education and information at school and in the community:** Comprehensive age- and developmentally appropriate sexuality and relationships education provided to school-aged children and young people increase the knowledge and skills to make healthy personal decisions, and should include information about reproduction, safe sex, relationships, contraception and fertility.
3. **Health relationships and violence prevention:** Actively supporting all people to make decisions about sex and relationships that fit for them (including decisions not to have sex), and working to eliminate coercion and violence in relationships that do not allow people to make their own choices.
4. Ensuring ready **access to condoms** for all sexually active people.
5. **Improve contraceptive access:** Making more effective forms of contraception readily accessible to more women. Improvements in contraceptive technology and options are now available, called long-acting reversible contraception (LARC). These “set and forget” forms of contraception, including IUDs and the contraceptive rod (sold as Implanon[®]), are far less prone to human error, are highly effective and reversible.
6. **Improve knowledge and access to emergency contraception :** Availability and awareness of emergency contraception for use when other forms of contraception were not used or failed. Since 2004, emergency contraception has been available in Australian pharmacies over-the-counter without prescription (a pharmacy-only medicine), although actual access can be affected by cost, pharmacy opening, and pharmacist values and attitudes. The most common form is the levonorgestrel emergency contraception pill, a single dose of contraceptive hormones that prevents or delays ovulation, is up to 85% effective in preventing unintended pregnancy if taken within 72 hours of unprotected sexual intercourse, and can be effective up to five days.

SHFPACT acknowledges and thanks Children by Choice for the use and adaptation of material available at <http://www.childrenbychoice.org.au/>

ⁱ *Intended and Unintended Pregnancies Worldwide in 2012 and Recent Trends*. Gilda Sedgh, Susheela Singh and Rubina Hussain, *Studies in Family Planning*, Volume 45, Issue 3, September 2014

ⁱⁱ 1. *Safe Abortion: Technical and Policy Guidance for Health Systems* World Health Organisation, Geneva 2003 p12. Available online at http://www.who.int/reproductivehealth/publications/unsafe_abortion/en/