New Zealand Abortion Law to be “modernised so it is treated as a health issue”

Staff of The Nathaniel Centre

On the 8th August, a new Abortion Legislation Bill passed its first reading in Parliament and was referred to a specially constituted Select Committee for further consideration. The legislative process going forward will include an opportunity for the public of New Zealand to give feedback on the proposed new abortion regime.

The Bill that has been introduced amends the law to “decriminalise abortion” and “better align the regulation of health services with other health services”. In brief, it proposes:

- the removal of any statutory test by a health practitioner for a woman who is not more than 20 weeks pregnant;
- that women who are more than 20 weeks pregnant will require the health practitioner to “reasonably believe the abortion is appropriate with regard to the pregnant woman's physical and mental health, and well-being”;
- that health practitioners advise women of the availability of counselling services if they are considering an abortion or have had an abortion, although counselling will not be mandatory;
- that women can self-refer to an abortion service provider;
- a regulation-making power to set up safe areas around specific abortion facilities on a case-by-case basis;
- that practitioners who object to providing services on the grounds of conscience must (i) inform a woman about their objection and (ii) inform them that they can obtain the service elsewhere;
- the retention of the criminal offence for unqualified people who attempt to supply the means for, or procure, an abortion on a pregnant woman;
- the retention of the criminal offence of killing an unborn child for any person who causes harm to a pregnant woman and in doing so causes the death of a foetus.

In a press release responding to the first reading of the Bill, the New Zealand Catholic Bishops have expressed concern about the proposed changes as well as a desire to contribute to an honest, respectful dialogue:

“We are mindful of the pressures and stresses that very often leave couples with seemingly little choice but to have an abortion. It is an acknowledged fact that, too often, a woman chooses an abortion because of poverty, social shaming, lack of community support, coercion from a partner or family or isolation. There needs to be a stronger focus on strengthening and extending policies and organisations that support women who are pregnant. Making abortions easier to get, as this Bill proposes, does nothing to address these serious underlying issues. ‘Choice speak’ is meaningless when you live in poverty, or are socially shamed, or are coerced or isolated – when you don’t have real choices or options”.

The Bishops strongly support the fact that the current law gives statutory recognition of the rights of the unborn, something they wish to see retained. “There is always a defenceless human life at stake. The way we look at it, abortion is both a justice and health issue – the two are inseparable. To treat the matter solely as a health issue is to ignore that there is another human life involved – a life that has no voice. From a human perspective, this is less than honest. At the same time, it is a disservice to the woman. For us as a society to pretend that there is not another life involved will only deny the woman concerned the chance to deal with abortion as the significant, heart-wrenching moral issue that it is”.


Looking forward to, and in preparation for, the public submissions process, The Nathaniel Centre offers the following material to stimulate compassionate thought and dialogue about abortion. A commentary that looks more closely at the specifics of the Bill will be made available via our website and social media pages in due course:

Post-abortive mental health

Talk to any counsellor who’s worked with post-abortive women and they’ll tell you that abortion can leave a lot of damage in its wake. Some women who have abortions will recover and go on with their lives, but plenty of other women won’t. These women may become depressed and feel detached from their friends, families, and old lives. Some may experience such deep feelings of emptiness, anxiety, confusion, anger, or remorse that they consider or even attempt suicide.

Because no one tracks or checks in with women following an abortion, it is not possible to say for certain how many women suffer in this way. However, research from Otago University’s Christchurch Health and Development Study (2008) suggests that women who have an abortion face a 30% increase in the risk of developing mental health problems such as depression, anxiety disorders, suicidal behaviour, and drug and alcohol abuse, and that this increase is associated with the abortion.

Anecdotal evidence from counsellors indicates that women can experience mental health problems as a result of their abortions, from immediately after the abortion to many years later. However, there is a real reluctance to talk about this. There are studies that show abortion’s association with mental health problems, and those in the field hear first-hand from women who speak of the anguish they’ve experienced. Until there is more honest acceptance and discussion of the negative consequences, it will be difficult for women to get the support they need. The suffering of these women is part of the current mental health crisis in New Zealand.

Limited choices

When it comes to abortion, we often hear the slogan ‘My body, my choice’. But the reality of abortion is often far from that simple. Abortion is a big deal. It ends a woman’s pregnancy and a human life, and it can have a life-long negative impact on the woman. Women who seek an abortion do so for many reasons, including relationship problems, financial difficulties, feeling like they won’t be a good mother, work or study obligations, lack of emotional and social support, or pressure from partners, family or friends. Some women seeking an abortion are in upheaval, such as separating from a partner or losing a job.

Many women are ambivalent about their abortion decision – caught between thinking it’s the best way forward and, at other times, wanting to keep their baby. Some women carry this ambivalence into the clinic, wishing to go home, but feeling like they’ve already begun the process so they should see it through.

Many women report being coerced into having an abortion. A 2018 study by the National Council of Independent Women’s Refuges Inc found that 27% of their respondents had experienced a partner trying to coerce them into abortion, and 31.7% of their respondents had experienced a partner deliberately trying to get them to miscarry.

That women may choose abortion because they lack the finances to care for their child, or because they don’t have enough support, or because they don’t think they could carry on with their job or studies, or because they have been actively or passively coerced is an indictment on our society and our poor support of women and families. Women shouldn’t have to resort to abortion because we – the social support system, employers, families, churches, neighbours and friends – won’t enable them to keep their babies.

Disability discrimination

It is legal in New Zealand to abort an unborn baby because it would be “so physically or mentally abnormal as to be seriously handicapped”. Such “abnormalities” may include Down syndrome, cerebral palsy, spina bifida or cleft
palate. Babies with these and other conditions may be aborted up to 20 weeks gestation. After 20 weeks, unborn babies believed to have a disability can be aborted on the grounds of causing a significant danger to their mother’s mental or physical health.

Statistics from the Perinatal and Maternal Mortality Review Committee show that 82% of post 20-week abortions are associated with “congenital abnormalities”. While some disabilities are “incompatible with life” (meaning the child will die before, during, or soon after they are born), many are not, even if they may be limiting or may entail a life that is different. In the 1970s, when the current abortion laws were drafted, the status of people with disabilities was low – they were considered “abnormal,” and very few efforts were made to ensure people with disabilities were included in society. As signatories to the UN Convention on the Rights of People with Disabilities, New Zealand is committed to ensuring equal treatment of people with disabilities and to eliminating discrimination.

Allowing abortion on the basis of disability represents a glaring area of failure in this regard. Inclusion in no other ‘class of people’ is grounds for abortion. The law does not, for example, allow baby girls to be aborted, or babies with type-A blood. Our abortion laws perpetuate the discriminatory notion that a disabled life is a life not worth living.

**Teenage abortion**

In 2017, 1,444 teenagers had an abortion. Ninety-nine were between 11 and 16 years old, and 30 didn’t tell their parents. We know these numbers because, in 2014, Stratford mother and daughter Hillary and Ariana Kieft petitioned Parliament to change parental notification laws for abortion among teenagers. With the help of a school counsellor, Ariana had arranged for an abortion. The school provided her with transport to the clinic and delivered her home in the evening, all without informing her parents. Ariana became severely depressed following her abortion and attempted suicide. It was only then that she told her parents.

The current law does not require teenagers to tell their parents for a number of reasons, including the possibility of a young woman being subject to coercion or violence. But teenagers are caught in a liminal state. In virtually all other circumstances, the state recognises that teenagers have a limited capacity to make decisions, and that they need support as they mature. For example, teenagers have to have their parents’ permission to acquire a driver’s permit, and to receive medical treatment – all treatment, that is, apart from abortion. Given the consequences that abortion can bring, it is reckless to leave teens without parental support.

Following Hillary and Ariana’s petition, Parliament’s Justice Select Committee recommended no legal changes be made to parental notification laws, but they did charge the Abortion Supervisory Committee with keeping track of the number of teens having an abortion without telling their parents. It is estimated that since 2004, up to 1000 teenagers have had an abortion without telling their parents.

**High rates of Māori abortion**

Māori abortion rates far surpass those in the population overall. In 2017, 3,111 Māori women had an abortion. This number represents 23% of all abortions performed in 2017, though Māori make up only 15% of the population. While the abortion rate across New Zealand was 2.8 abortions per 1000 people, among Māori that rate jumps to 4.6 abortions per 1000 Māori – an increase of 65%.

It is right to be concerned about the fact that Māori are disproportionately represented in statistics that demonstrate societal and policy failure: unemployment, educational failure, imprisonment, poverty. But society and policy-makers have been very silent about the disproportionately high rates of Māori abortion. It needs to be asked: Why are Māori women over-represented in abortion statistics? What impact is this having on Māori women, their whānau and whakapapa? Why is the Law Commission encouraging the establishment of more abortion clinics in areas with large populations of Māori?
Staff of The Nathaniel Centre acknowledge “We Deserve Better NZ” as a source of much of the material for this article. See https://www.wedeservebetter.org.nz/