AGNES LOHENI (National): Thank you, Mr Speaker. The Abortion Legislation Bill is before us. It will be contentious, as this issue always is, and it will be strongly and robustly debated.

No matter which way one tries to dress this up, we are discussing the termination of a life. We can play tug of war and quibble over whether we are talking viable life, six weeks, 12 weeks, 20 weeks, actual life, or a life not until it's born, but at least we are talking about the life of a baby facing termination. So to dress this bill in euphemistic language that talks of health issues is disingenuous.

The vast majority of abortions are performed as a result of unintended pregnancies. The most common reasons cited are that pregnancy would interfere with education, work, or an ability to care for existing children. Financial stress also plays a part, as does the realisation that a mother felt her family was already complete. I understand that. I was shocked to find out that I was pregnant with my fifth child after my husband and I agreed we would stop at four. You go through a range of emotions with a shock unexpected pregnancy. But for most of us mothers, we very quickly get over it and proceed with our lives and our pregnancies, and I ended up with a beautiful son after having four gorgeous daughters.

In one of the very early media interviews that I did prior to being sworn in, I was asked about my views on abortion, and my response was that I value life, from the unborn child through to the elderly, sick, and vulnerable. The value I have on life, on human lives, is core to who I am and a fundamental pillar of the principles that I stand for. It should shock no one that I stand here today to advocate for the life of the unborn child.

So, back to the issue of abortion being about women's health. As the statistics show, abortion is overwhelmingly not about a mother's health, particularly in the first trimester; it is about a decision to terminate a life for lifestyle reasons. We should, as a society, have the courage to admit that. As for those families and mothers facing real health issues with continuing a pregnancy, I get it. This is an awful position to be in, and the provisions within the Crimes Act were designed to recognise this and allow for abortions in limited circumstances. Whether for the rare instances of health-related pregnancies or for the more common reasons for terminating a life, I don't condemn women faced with this decision. I truly sympathise and empathise with a mother who has made the decision to end the life of her unborn child, because for so many mothers, this can be a shattering decision that leads to guilt and regret, and the health services in place to assist grieving mothers are thin, to say the least. The problem with mothers who do grieve their decision is that it doesn't fit the narrative that a woman's choice is easy and that it's just like any other medical procedure. It is not. These are individuals swept under the carpet by the pro-abortion movement as an inconvenience to the narrative the movement has sought to create.

So I stand today to call out the hypocrisy of the proposed changes as being about women's health. This is a euphemism to justify the proposed changes and to make it more palatable. The reality is that for the vast majority of mothers who choose to terminate the life of their unborn child, the impact on their material lives is the overwhelming reason.

But there is a health issue that does need addressing, and that is post-abortion support for mothers who have undergone the procedure. I am a strong advocate for increased health resources in this area. It is a rare mother who takes the decision to terminate their unborn child's life lightly. It is a hefty decision that can have lifelong consequences. I stand in support of greater healthcare for these mothers who experience a natural trauma post their termination decision.
I stand to support vulnerable children, whether inside or outside the womb. The provisions of the Crimes Act protect unborn children and they protect vulnerable mothers from abusive situations they may find themselves in. So section 182(1) must stay and not be watered down. It must continue to be against the law to kill an unborn child. Equally, section 182(2) of the Crimes Act clearly anticipates that a mother who has gone through the mandated process to get an abortion is exempt from the provisions of the Crimes Act.

I continue to struggle with how this can be interpreted as making a mother feel like a criminal for lawfully terminating her unborn child's life, because at the end of the day, our society values life to the extent that in all but exceptional cases, it's against the law to end a life. The exceptions generally relate to self-defence, war, capital punishment, and abortion. Society places a high value on life both born and unborn, and we should be weary of watering that down or losing that fundamental, innate human drive to protect human life, whether born or unborn.

If there's one thing I'm clear on, abortion is overwhelmingly not about a health issue; it is about impact on life. Our society has deemed it allowable to end an unborn life for those reasons, but has also recognised the gravity of its decision to allow lawful abortion. Hence, we women are asked to consider carefully our decision, and yes, to go through a focused process to ensure our decision to end the life of our unborn child is done with all the information at hand and with the full knowledge of what we are doing.

To medicalise abortion is to deceive ourselves as to what we are deciding to do. This is not a cancer we are cutting out of our bodies. It is not a collection of cells akin to those, say, in our finger, that a quick cut will eradicate. It is a distinct human life with its own DNA, heartbeat, and brain function. The child is both part of us and distinct from us, and it needs us to help he or she into the world and requires us to be ongoing in the child's care once it arrives. All mothers know that moment we find we are pregnant, and our hand goes instinctively and protectively to our stomachs—that we have a life inside of us. So I take exception to the idea that wanting to protect the unborn child somehow is archaic, medieval, uncaring, or old-fashioned. It is not progressive to want to speed up the process of termination; it is regressive and antithetical to the value we place on life both unborn and born.

Good laws serve to protect the vulnerable in our society. How could it ever be out of date to want to protect the life of an unborn child? What little protections the unborn child currently has must not be let go. The act of aborting a child is a serious act. It should be treated with the utmost gravity. It should ordinarily be the path least taken. It should ordinarily be rare, and it should be subject to an informed process that requires each and every one of us to question our decision before we choose a path that is permanent and may lead to lifelong consequences. I am clear that the law as it stands serves mothers and their unborn children. I oppose this bill.