

# Abortion Access in South Australia

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*South Australia's official figures show that most abortions are conducted in Adelaide, even for people who live in the country. The need to travel for abortion care can be costly and time-consuming. Delay can mean the difference between being able to take a pill and requiring surgery. Providing ready access to abortion care in regional SA, including through expanded telemedicine services, would improve health equity.*

Discussion paper

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# Summary

Abortion is legal across every state and territory in Australia, but the concentration of services in metropolitan areas means that people who live in regional and remote areas face added barriers to accessing timely care. Timely access to abortion could mean the difference between taking a pill (for an early-term medical abortion, available for up to nine weeks) and requiring surgery (for a surgical abortion, performed between 10 and 22).

This report analysed publicly available data from South Australia to determine if access to abortion care is equitable across metropolitan (city) and country (regional and remote) parts of the state. It found that both medical and surgical abortions are more likely to be conducted in metropolitan-based health clinics.

In SA, 17.5% of the population who might need abortion care (women, trans, non-binary, and intersex people aged 15 to 49 years old) live in country areas. But the data shows that 97.1% of all abortions in SA are performed by metropolitan-based healthcare providers, while only 2.7% of abortions are coordinated in country-based health services (telehealth services account for the remaining 0.2%).

In addition:

- Out of 863 abortions provided to country residents, over 85% (741) were performed in city-based services. Only 14% were performed at country health centres. This means that although two in 10 people who might need an abortion live in the country, more than eight in 10 had to travel to access care.
- 67.7% of all abortions in SA are performed by a single clinic in Adelaide, the Pregnancy Advisory Centre.
- 0.2% of abortion reported in South Australia were accessed through telehealth, and half of these were by city residents.
- The vast majority of medical abortions were accessed by city residents through city-based health services. Only 18% of all medical abortions were accessed by country residents.
- Of the 340 surgical abortions sought by country residents, 85% were performed in city-based health services.

The data also shows that less than 1% of all abortions were late term (after 22 weeks of gestation). This is significant as the Parliament of South Australia debates a bill that would place further restrictions on the provision of late-term abortions after 25 weeks. Late-term abortions are complex, sensitive, and only undertaken when strict criteria are met.

As with many other specialist medical services, South Australians who need abortion care generally need to travel to Adelaide. This can be costly, time-consuming, and cause inconvenience at an already difficult time.

Australia Institute polling shows that, at a national level, 87% of Australians support access to abortion. This includes three in five Australians (62%) who support access to abortion without restriction, plus a further quarter (25%) who support access to abortion only in limited circumstances. Just 8% do not support access to abortion. In rural Australia, 90% support access to abortion. This includes two in three (66%) who support abortion access without restriction, plus a further quarter (24%) who support access only in limited circumstances. Just 5% of rural Australians do not support access to abortion.

To improve access in country SA, SA Health could support GPs and primary care providers working in regional and rural areas to deliver abortion. The South Australian Government could also expand awareness of telehealth options for abortion care. There are several ways that this could possibly be done, including through Local Health Networks. But, given that the Adelaide-based Pregnancy Advisory Centre provides nearly 70% of all abortions in South Australia, they could be well placed to expand the provision of abortion care via telehealth. This could be helpful in facilitating access to early medical abortions in particular.

# Introduction

Access to abortion is under attack globally and in Australia. These attacks include concerted efforts to restrict access, reshape legal provisions, and stigmatise those seeking abortion care.

Nowhere is this more visible than in the United States. Donald Trump and his supporters have made abortion central to an ongoing culture war,<sup>1</sup> which culminated in the US Supreme Court's 2022 overturning of the important legal finding *Roe v. Wade*.<sup>2</sup> After almost 50 years, the court's ruling marked the end of constitutional protection for a person to choose whether to continue with a pregnancy.

Australia's right-wing parties often follow their counterparts in the United States,<sup>3</sup> so it is unsurprising to see a resurgence of anti-abortion activism here too. For example, in New South Wales, a bill introduced to state parliament seeks to restrict access to abortion based on what experts describe as "misinformation".<sup>4</sup>

In South Australia (SA), the political debate over reproductive rights is a live issue. Since 2024, members of the SA Parliament have introduced bills seeking to amend the laws that make access to abortion legal three times.<sup>5</sup> This includes a current proposal to restrict access to late-term procedures beyond 24 weeks plus six days.<sup>6</sup> The bill would prohibit abortions from 25 weeks onwards in all circumstances except where necessary to save the life of the pregnant person. In all other cases continuation of the pregnancy and eventual delivery would be required.

South Australia already has abortion access problems. This report uses official data on abortions in South Australia and polling commissioned by The Australia Institute to find that:

- Australians overwhelmingly (87%) support access to abortion, including Australians living in regional, rural and remote areas.

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<sup>1</sup> American Civil Liberties Union (2024) 'Trump on Abortion', <https://www.aclu.org/trump-on-abortion>

<sup>2</sup> *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215 (2022), Opinions of the Court - 2021f

<sup>3</sup> See, for example, Dorling (2017) *The American Far-Right Origins of Pauline Hanson's Views on Islam*, <https://australiainstitute.org.au/report/the-american-far-right-origins-of-pauline-hansons-views-on-islam/>

<sup>4</sup> Shepherd (2026) *Anti-abortion activists are trying to limit access in NSW – and they are just getting started*, <https://www.theguardian.com/australia-news/2026/jun/03/anti-abortion-activists-are-trying-to-limit-access-in-nsw-and-they-are-just-getting-started>

<sup>5</sup> ABC News (2026) 'Bill to change abortion laws goes before SA parliament', <https://www.abc.net.au/news/2026-05-20/bill-to-change-abortion-laws-goes-before-sa-parliament/106701906>

<sup>6</sup> South Australian Legislation (2024) 'Termination of Pregnancy (Restrictions on Terminations After 24 Weeks and 6 Days) Amendment Bill', <https://www.legislation.sa.gov.au/search>

- Over 85% of abortions provided to country residents were performed in city-based services.
- Only 2.7% of abortions in the state are conducted in country areas.

This means that people in country areas needing access to abortion care have little choice but to travel to Adelaide. This is a problem because unlike some types of healthcare, abortion is highly time sensitive. In the earlier stages of pregnancy (up to nine weeks of gestation), abortion can be provided through a prescription pill (MS-2Step).<sup>7</sup> Medical abortion is less invasive and, in some cases, can be delivered via telehealth, which can be easier for those in country areas to access. But, as gestation progresses beyond nine weeks, medical abortion is no longer an option, and invasive surgical procedures become the only option.<sup>8</sup> These surgical procedures are physically, emotionally and financially more demanding, compounding what is already a difficult situation for country residents.

For residents of country areas, like in regional centres such as Port Lincoln, Whyalla and Mount Gambier, access to abortion might mean travelling several hours by car or taking costly flights to Adelaide. More remote communities face even greater challenges, with towns like Coober Pedy nearly nine hours from Adelaide.

For those with limited financial means, restricted access to transport, or concerns about stigma within small communities, these distances present a substantial barrier. A cross-sectional survey of 2,326 Australian women found that those who had to travel more than four hours to receive an abortion, as well as those who experienced financial difficulties, were more likely to receive the abortion at a later gestation.<sup>9</sup>

Australians living in country towns and remote communities have the worst healthcare outcomes in the nation. There is a shortage of healthcare services in regional Australia, which means people often have to travel long distances to access appropriate care, including specialists.<sup>10</sup> Abortion is no exception, and this can be a significant problem given that one in four Australian women will have an abortion in their lifetime.<sup>11</sup>

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<sup>7</sup> Pregnancy, Birth and Baby (2025) 'Abortion - surgical and medical options', <https://www.pregnancybirthbaby.org.au/abortion-surgical-and-medical-options>

<sup>8</sup> Pregnancy, Birth and Baby (2025) 'Abortion - surgical and medical options', <https://www.pregnancybirthbaby.org.au/abortion-surgical-and-medical-options#risks-surgical>

<sup>9</sup> Aborisade et al. (2017) 'Access, equity and costs of induced abortion services in Australia: a cross-sectional study', *Australian and New Zealand Journal of Public Health*, <https://pubmed.ncbi.nlm.nih.gov/28110510/>

<sup>10</sup> Jama, Thrower, and Harrington (2026) *Second-class citizens — The rural health divide*, <https://australiainstitute.org.au/report/second-class-citizens-the-rural-health-divide/>

<sup>11</sup> Family Planning NSW (n.d.) Abortion, <https://www.fpnsw.org.au/abortion>; Melville (2022) 'Abortion care in Australasia: A matter of health, not politics or religion', *Australian and New Zealand Journal of Obstetrics and Gynaecology*, <https://obgyn.onlinelibrary.wiley.com/doi/10.1111/ajo.13501>

Proposed restrictions on late-term abortion intersect with existing structural barriers that infringe on reproductive rights and deepen disparities in healthcare access. These barriers are most consequential to people living in the country and rural communities.

When layered onto an already uneven healthcare landscape, this kind of legislative reform may exacerbate inequities and undermine reproductive rights across the state.

# Abortion access is restricted to metropolitan healthcare services

In 2024, SA recorded 4,725 abortions. Nearly all of these (97.1%) occurred in a city-based health service (in Adelaide), while only 2.7% occurred in country health services and 0.2% via telemedicine. This is despite the fact that 17.5% of SA's population that might need an abortion<sup>12</sup> live outside of Adelaide.

Abortion services in SA are highly centralised, with abortion care concentrated in a small number of metropolitan sites. In fact, a single metropolitan clinic, the Pregnancy Advisory Centre in Adelaide, recorded 67.7% of all abortions performed in the state (Table 1). The Pregnancy Advisory Centre is located in Woodville, eight kilometres from Adelaide city centre (Figure 1). The reliance on a very small number of providers means that even though abortion is legal across the state, practical access remains uneven.

**Table 1: Proportion of abortion care sites**

Health Service	Number of Abortions	% of total
Pregnancy Advisory Centre <sup>13</sup>	3201	67.7
Flinders Medical Centre	481	10.2
Noarlunga Health Services	295	6.2
Lyell McEwin Hospital	285	6
Women's and Children's Hospital	130	2.8
General Practitioners/Rooms	241	5.1
Other Public Hospitals	65	1.4
Private Hospitals	17	0.4
Telemedicine	10	0.2

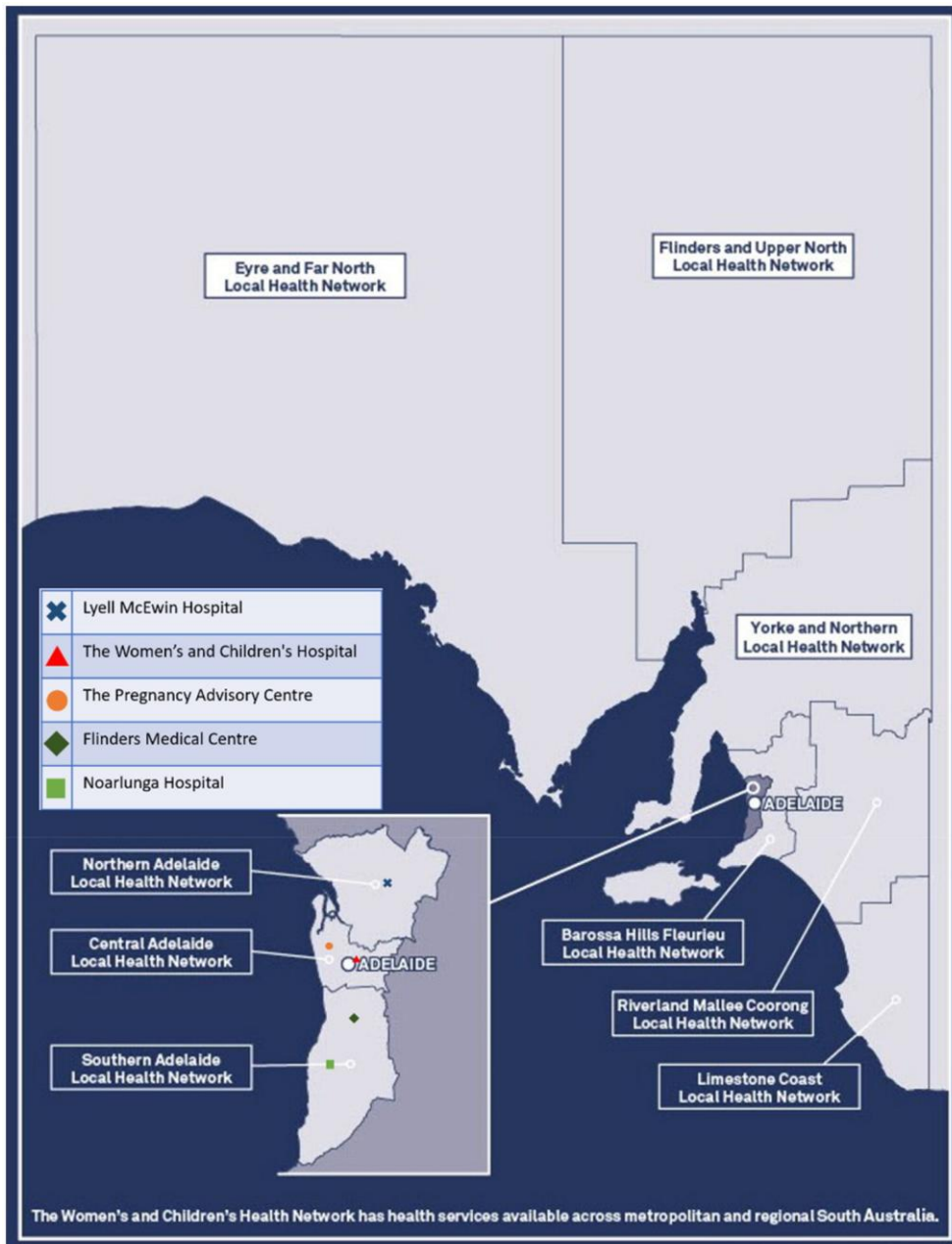
Source: Data from the South Australian Abortion Reporting Committee's Annual 2025 report on 2024 abortion statistics.

<sup>12</sup> Includes women, trans, intersex and non-binary people aged 15 to 49 years. Australian Bureau of Statistics (2024) Regional population by age and sex, <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/2024>

<sup>13</sup> The centre offers free medical abortions five days a week, and surgical procedures three days a week, which are performed at The Queen Elizabeth Hospital.

In SA, abortion care is accessed through SA Health’s local health networks, which are shown in Figure 1. Nearly all abortions across SA are performed by providers located in Northern Adelaide Local Health Network, Central Adelaide Local Health Network and Southern Adelaide Local Health Network.

**Figure 1: Distribution of abortion care sites in South Australian local health networks**

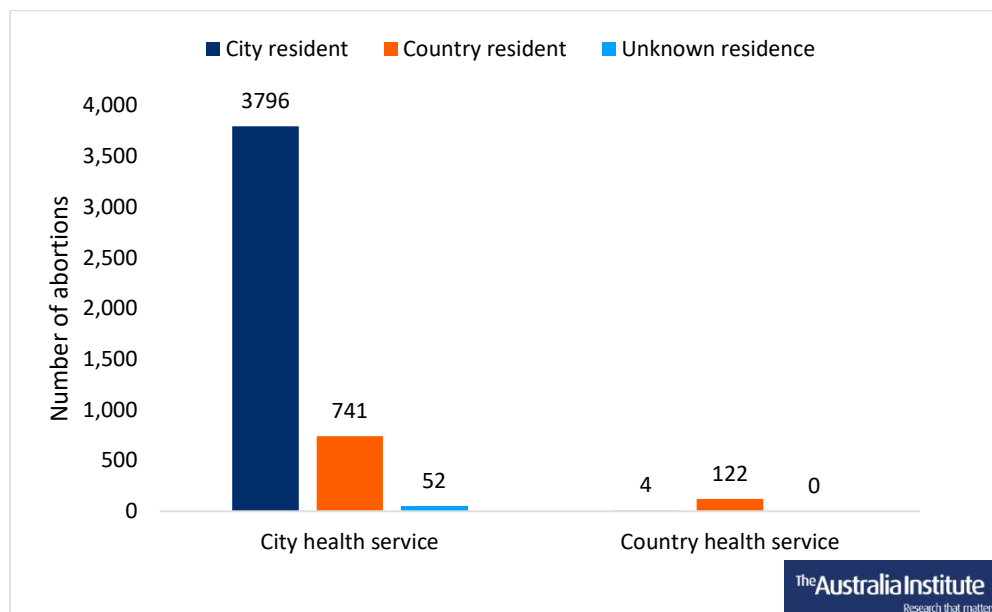


Source: Map reproduced from Stevenson, T., & Moore, V. (2026).<sup>14</sup> Note that GPs, Private hospitals and other public hospitals outside Adelaide LHNs provide abortion services. These are shown in Table 1, but a lack of data means their locations are not marked on this map.

<sup>14</sup> Stevenson, T., & Moore, V. (2026). Abortion Care in South Australia: A Retrospective Review of Service Provision and Trends from 2003 to 2023. *Women's Reproductive Health*, <https://doi.org/10.1080/23293691.2025.2593864>

Out of the 863 abortions for country residents, over 85% (741) occurred in city-based services, while only 122 abortions (14%) happened at country health centres (Figure 2). This means that although two in 10 people who might need an abortion live in the country, more than eight in 10 had to travel to access care.

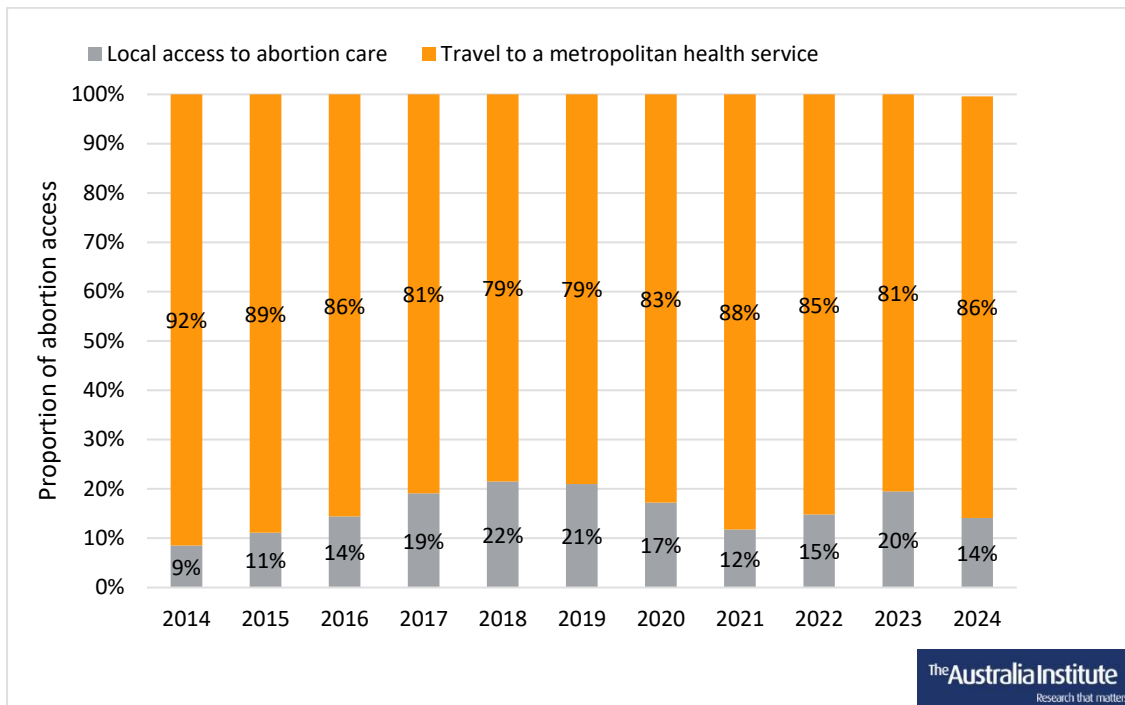
**Figure 2: Proportion of total abortions performed, by location of health service**



Note: Data from the South Australian Abortion Reporting Committee’s Annual 2025 report on 2024 abortion statistics. Does not include telemedicine services.

People in country SA are less likely to access abortion care locally. Between 2014 and 2024, the number and proportion of country South Australians seeking abortion were relatively stable (mean=868±51). In those 10 years, the proportion of country South Australians accessing abortion care locally has hardly changed. In 2014, local access accounted for nine per cent of all abortions in SA, and 14% in 2024 (Figure 3). Over this period, most country residents travelled to Adelaide to access care through city-based provider, which suggests a persistent dependence on metropolitan areas for abortion care.

**Figure 3: Proportion of people in rural/remote SA accessing abortion, by location, 2014-24**



Note: Data from Table 2, Stevenson, T., & Moore, V.<sup>15</sup>

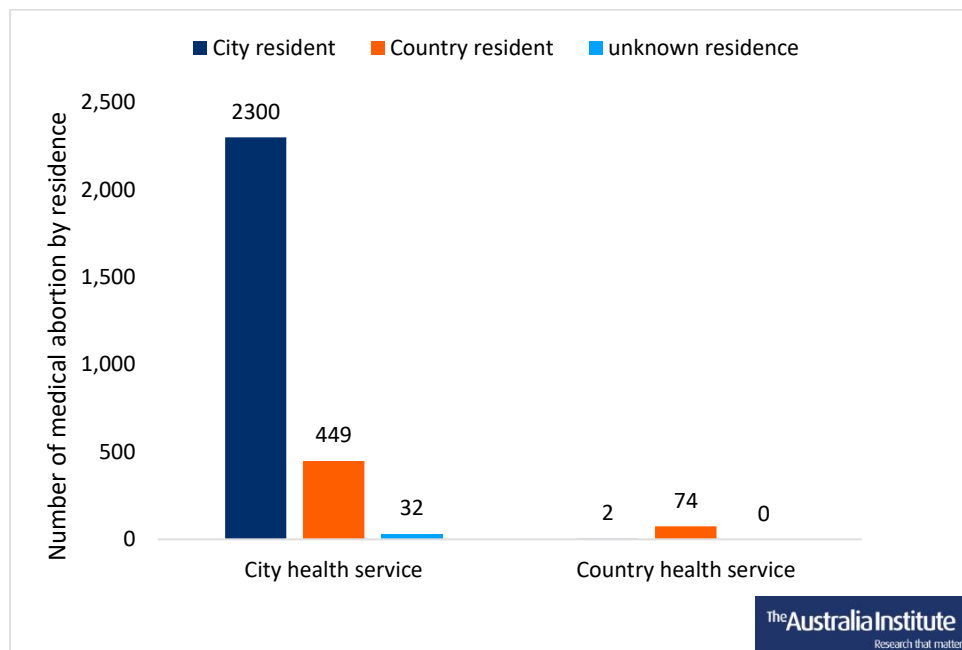
<sup>15</sup> Stevenson, T., & Moore, V. (2026). Abortion Care in South Australia: A Retrospective Review of Service Provision and Trends from 2003 to 2023. *Women's Reproductive Health*, <https://doi.org/10.1080/23293691.2025.2593864>

# ACCESS TO MEDICAL AND SURGICAL ABORTIONS

## Regional access to medical abortions

Medical abortions account for the majority of all abortions recorded in SA (2,857 out of 4,725 total). The vast majority of these (2,300) were accessed by city residents through city-based health services (Figure 4). Just 523 medical abortions were accessed by country residents, and 86% (449) of these were carried out in city-based health services. Only 74 medical abortions were prescribed and coordinated by country-based health services where country residents reside.

**Figure 4: Number of medical abortions, by location of health service and by residence**



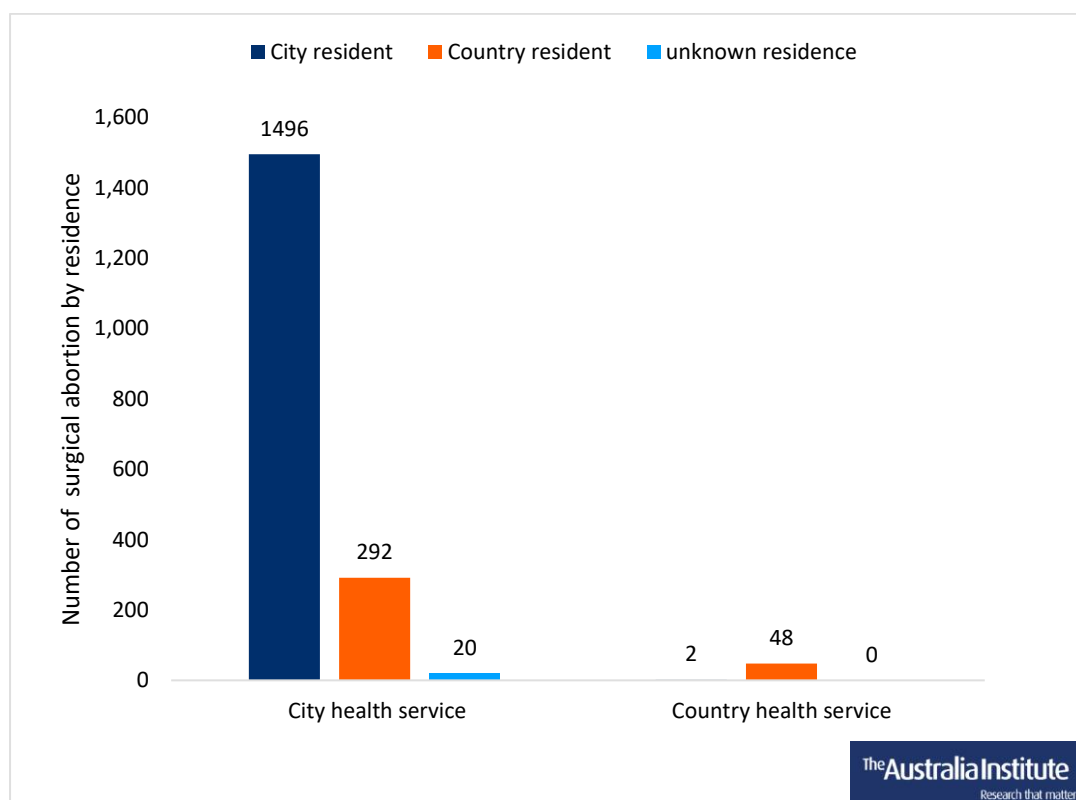
Note: Data from the South Australian Abortion Reporting Committee's Annual 2025 report on 2024 abortion statistics. Medical abortion includes MS-2Step (Mifepristone +/- Misoprostol). Author's own calculations.

The centralisation of services within Adelaide means that although abortion is equally legal across the state, access is not equitable.

## Regional access to surgical abortions

Like medical abortions, most surgical abortions are performed in city-based health services. The vast majority of surgical abortions (1,496) were sought by city residents and performed in metropolitan health services. Only 18.3% of surgical abortions were accessed by country residents. Of the 340 surgical abortions sought by country residents, 85.88% were performed in city-based health services (Figure 5). Just 50 were performed by a country health service.

**Figure 5: Number of surgical abortions, by location of health service and by residence**



Note: Data from the South Australian Abortion Reporting Committee’s Annual 2025 report on 2024 abortion statistics. Surgical abortion includes vacuum aspiration/dilatation and curettage, dilatation and evacuation and intra-uterine injection. Authors’ own calculations.

## LATE-TERM ABORTION

Late-term abortions are often complex and linked to serious medical circumstances that require careful medical consultation and assessment. According to South Australian legislation, a late term abortion is any abortion that takes place after 22 weeks and six days gestation.<sup>16</sup>

According to the legislation, a late term abortion is only permitted if two medical practitioners agree that one of the following three conditions are met:

- (i) the termination is necessary to save the life of the pregnant person or save another foetus; or
- (ii) the continuance of the pregnancy would involve significant risk of injury to the physical or mental health of the pregnant person; or

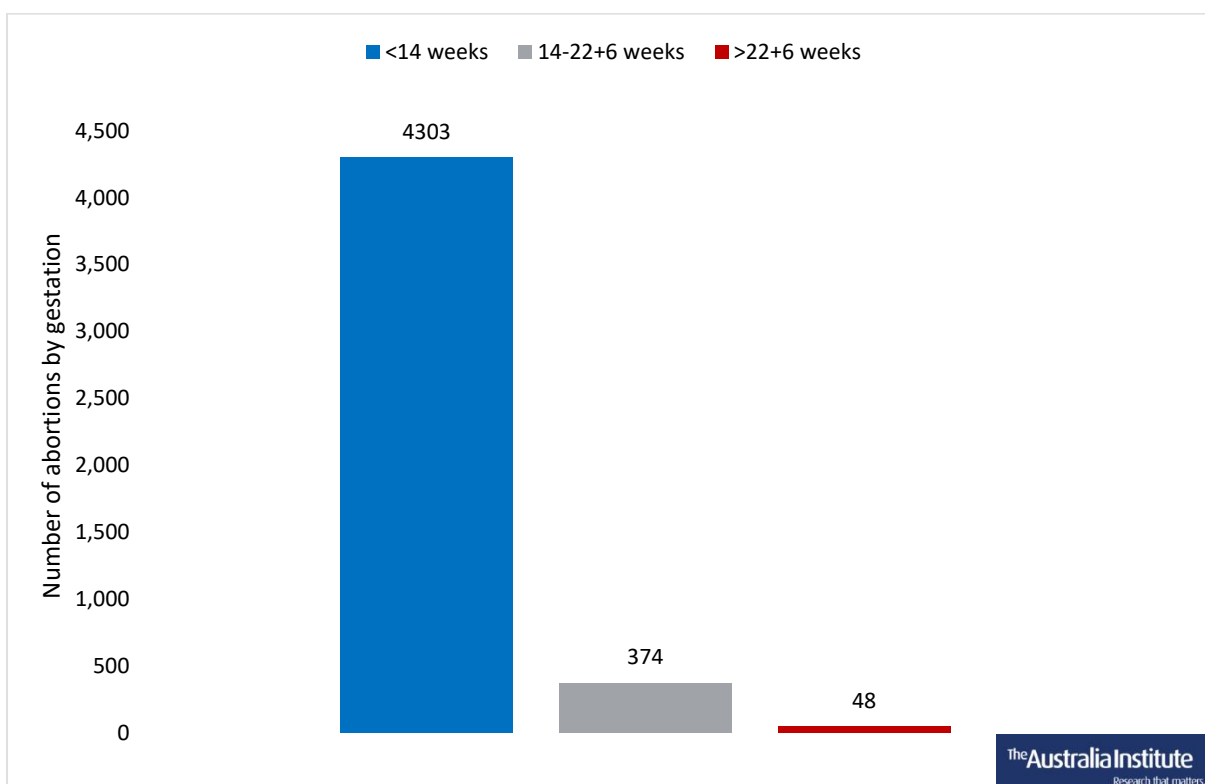
<sup>16</sup> *Termination of Pregnancy Act 2021 (SA)*, [https://www.legislation.sa.gov.au/\\_legislation-documents/lz/v/a/2021/termination-of-pregnancy-act-2021\\_7/2021.7.un.pdf](https://www.legislation.sa.gov.au/_legislation-documents/lz/v/a/2021/termination-of-pregnancy-act-2021_7/2021.7.un.pdf)

(iii) there is a case, or significant risk, of serious foetal anomalies associated with the pregnancy.<sup>17</sup>

Given the seriousness of these circumstances, the decision to undertake a late-term abortion is not taken lightly. Despite this, anti-abortion advocates see the provision of late-term abortions as wrong.<sup>18</sup> A bill before the South Australian Parliament would impose further restrictions on abortion procedures after 25 weeks of pregnancy. This is the third attempt since 2024 to amend existing abortion laws in SA.<sup>19</sup>

Late-term abortions are not common. Only 1% (48) of abortions in SA are performed after 22 weeks and six days (**Figure 6**).

**Figure 6: Number of abortions, by gestation**



<sup>17</sup> *Termination of Pregnancy Act 2021 (SA)*, [https://www.legislation.sa.gov.au/\\_legislation-documents/lz/v/a/2021/termination-of-pregnancy-act-2021\\_7/2021.7.un.pdf](https://www.legislation.sa.gov.au/_legislation-documents/lz/v/a/2021/termination-of-pregnancy-act-2021_7/2021.7.un.pdf)

<sup>18</sup> Late term abortions have been likened to murder. See, for example: Hanson, Senate (2025) 'Questions without notice: Take note of the answers – Still born baby', Senate, [https://www.aph.gov.au/Parliamentary\\_Business/Hansard/Hansard\\_Display?bid=chamber/hansards/28834/&sid=0075](https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=chamber/hansards/28834/&sid=0075). Others have called late term abortions a 'deliberate and wilful act to kill a healthy baby' (see Howe (2025) *Stop the Abortion Bonus*, [https://www.drjoannahowe.com.au/abortion\\_bonus](https://www.drjoannahowe.com.au/abortion_bonus))

<sup>19</sup> ABC News (2026) *Bill to change abortion laws goes before SA parliament*, <https://www.abc.net.au/news/2026-05-20/bill-to-change-abortion-laws-goes-before-sa-parliament/106701906>

Note: Data from the South Australian Abortion Reporting Committee's Annual 2025 report on 2024 abortion statistics.

Given that access to abortion is highly concentrated in city-based clinics, further restricting access to late-term abortions could have disproportionate consequences for those in the country and rural areas.

## TELEMEDICINE SERVICES

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Telemedicine, which allows patients to consult with healthcare providers remotely via the internet or phone,<sup>20</sup> is becoming an increasingly important part of Australia's healthcare system. For people in regional Australia, telemedicine can improve access to abortion services, particularly for medical abortions. Access to abortion care through telemedicine is safe, effective, and private, and can help reduce barriers such as travel, cost, and stigma.

In SA, access to abortion care through telemedicine has been available since 2022,<sup>21</sup> but the data suggests that this service is underutilised. In 2024, only 10 abortions across SA (0.21%) were accessed through telemedicine, and six of these were by city residents (Figure 7).

It is important to note that this data only captures telemedicine services accessed through publicly funded SA Health services. It excludes services provided by interstate private providers.<sup>22</sup> As a result, some SA residents may be accessing abortion care via telemedicine pathways that are not reflected in this dataset.

However, the SA data shows that almost everybody who underwent a medical abortion accessed care in person,<sup>23</sup> even though many of these services (including discussion of options and counselling) could potentially be delivered remotely. This could mean that there is an opportunity to improve service provision by taking greater advantage of the benefits provided by telemedicine, including privacy and ease of access.

One practical way to improve access for people in regional areas could be to expand the provision of telemedicine services for abortion care. There are several ways that this could possibly be done, including through Local Health Networks. But, given that the Adelaide-based Pregnancy Advisory Centre provides nearly 70% of all abortions in South Australia, they could be well placed to expand the provision of abortion care via telehealth.<sup>24</sup> By doing this, country residents would be able to access free or low-cost consultations with authorised practitioners via phone or video, without needing to travel long distances.

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<sup>20</sup> Australian Government Department of Health and Aged Care (n.d.) *Telehealth*,

<https://www.health.gov.au/topics/health-technologies-and-digital-health/about/telehealth>

<sup>21</sup> SHINE SA (n.d.) *Where Does Abortion Stand in South Australia?*, <https://shinesa.org.au/abortion-in-sa/>

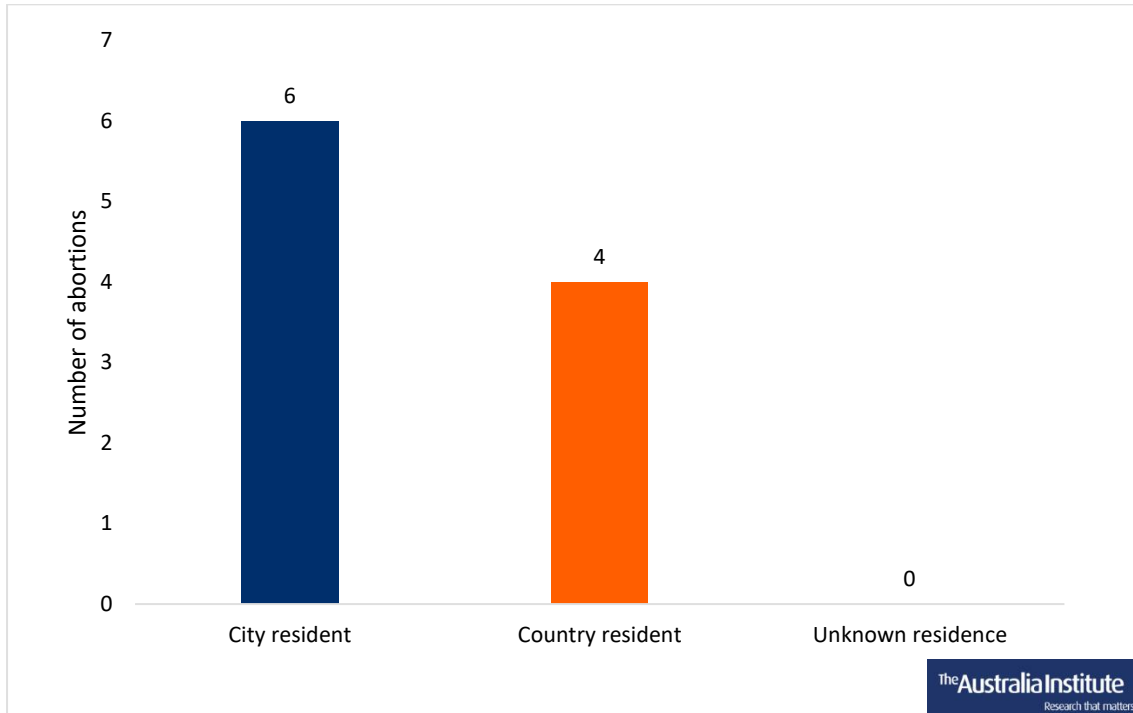
<sup>22</sup> Preventive Health SA (2025) *South Australian Abortion Reporting Committee: Annual report for the year 2024*

<sup>24</sup> Shine (2024), *Improving Regional Access to Sexual and Reproductive Health*,

[https://www.countrysaphn.com.au/wp-content/uploads/2025/03/SHINE-SA-CSAPHN\\_Improving-Access-to-SRH-in-Regional-SA\\_2024-FINAL.pdf](https://www.countrysaphn.com.au/wp-content/uploads/2025/03/SHINE-SA-CSAPHN_Improving-Access-to-SRH-in-Regional-SA_2024-FINAL.pdf)

This approach aligns with recommendations from the South Australian Abortion Action Coalition, which has called for expanded access to abortion services for those living in regional, rural, and remote communities.<sup>25</sup>

**Figure 7: Number of abortions accessed through telemedicine, by residence**



Note: Data from the South Australian Abortion Reporting Committee’s Annual 2025 report on 2024 abortion statistics.

## POLLING: SUPPORT FOR ABORTION ACCESS

In March 2026, Redbridge, on behalf of the Australia Institute, conducted a survey of a nationally representative sample of 2,010 Australians about whether they support access to abortion.

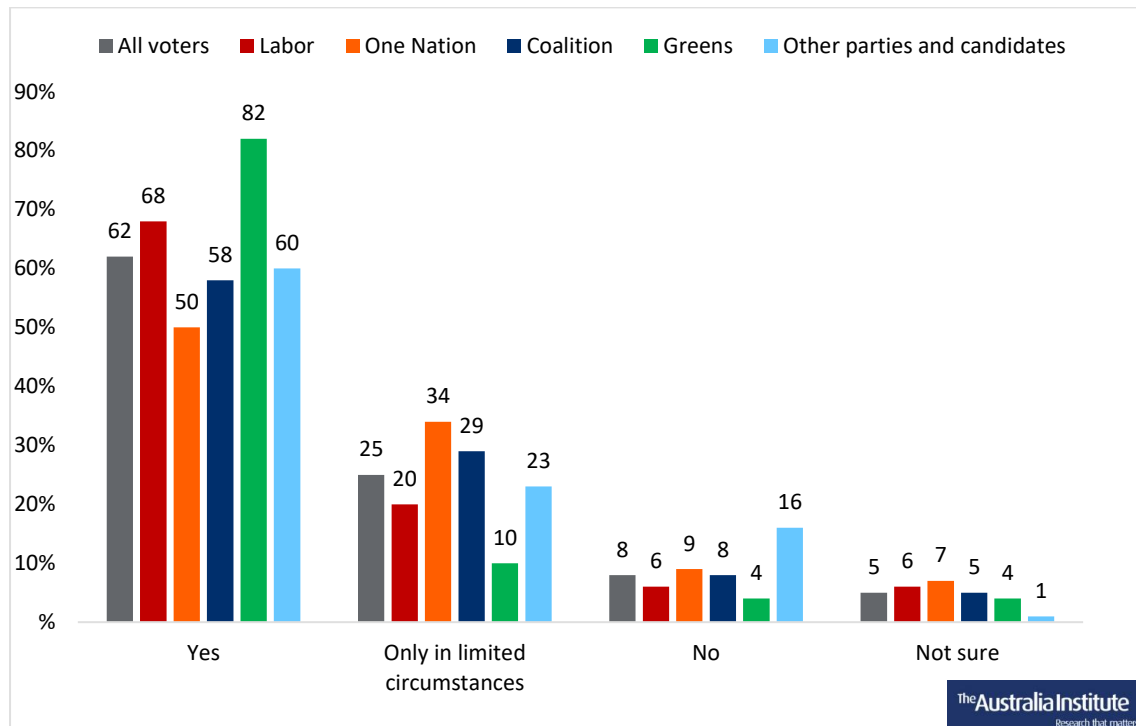
The results show that, at a national level, 87% of Australians support access to abortion. This includes three in five Australians (62%) who support access to abortion without restriction, plus a further quarter (25%) who support access to abortion only in limited circumstances. Just 8% do not support access to abortion.

Across all voting intentions, at least half (50%) of respondents support access to abortion without restriction (Figure 8). The highest support for abortion access without restriction is among Greens voters (82%). More than three quarters of One Nation Votes (84%) support

<sup>25</sup> South Australian Abortion Action Coalition (2019) ‘Submission to the SA Law Reform Institute’, <https://saabortionactioncoalition.com/submissions-to-the-sa-law-reform-institute>

access to abortion, including half (50%) who support access to abortion without restriction, plus a further 34% who support access to abortion only in limited circumstances (Figure 8).

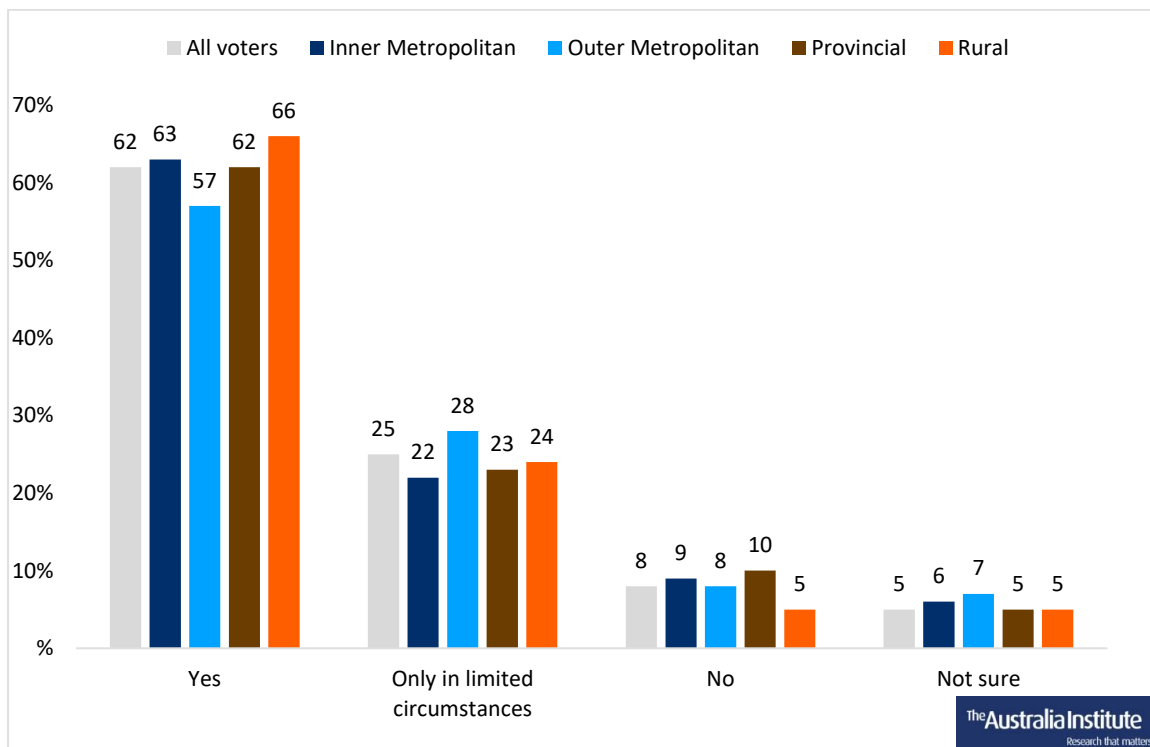
**Figure 8: Support for abortion access, by voting intention**



Source: Australia Institute polling: <https://australiainstitute.org.au/report/polling-abortion/>

A majority of Australians across metropolitan, provincial, and rural areas support access to abortion (Figure 9). In rural Australia, 90% of people support access to abortion. This includes two in three (66%) who support abortion access without restriction, and a further quarter (24%) who support access only in limited circumstances. Just 5% of rural Australians do not support access to abortion. This is perhaps not surprising when, as shown in Figure 1, at least 85% of country SA residents need to travel to city-based health services to access abortion care, which can mean time away from work and loved ones, and the need to cover costs for travel.

**Figure 9: Support for abortion access, by residence**



Source: Australia Institute polling: <https://australiainstitute.org.au/report/polling-abortion/>

# Conclusion

Although abortion is equally legal across SA, the centralisation of services within Adelaide means that access is not equitable throughout the state.

According to the state's official data, over 97% of abortion services in SA are coordinated and performed by a handful of metropolitan-based health providers. Only 2.7% of abortions are coordinated in country-based health services, despite the fact that nearly 18% of the population who might need abortion care live in country SA. Out of 867 abortions provided to country residents, over 85% (741) were performed in city-based services. This suggests that it is difficult for country residents to access this time-sensitive procedure close to where they live.

As with many other specialist medical services, South Australians who need to obtain abortion care often need to travel to Adelaide. This can be costly, time-consuming, and cause inconvenience at an already difficult time. Timely access to abortion crucial because delay can mean the difference between taking a pill for a medical abortion and requiring surgery.

To improve this, SA Health could support GPs and primary care providers working in regional and rural areas to deliver abortion care. The SA Government could also improve the use of telehealth services for abortion care by expanding awareness of telehealth services.

Polling shows that 87% of Australians support access to abortion. Any law that would place further restrictions on this health service would be contrary to popular opinion.

It is likely that inequity in abortion access is not unique to SA.<sup>26</sup> But because SA is the only state or territory that routinely collects and publishes abortion data, it makes it possible to interrogate the extent of geographic inequities in access to abortion care. Some states and territories do not publicly release data, while others, like Victoria, Queensland, and Tasmania, do not collect it.<sup>27</sup> This makes it difficult to determine where abortion services may be inadequate. The availability of national-level data would support more effective resource allocation and provide a clearer picture of unmet need. Abortion may be legally available across Australia, but without consistent, publicly available national data, the equitable provision of this sensitive healthcare service will remain questionable.

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<sup>26</sup> There are, for example, reports of abortion 'deserts' in NSW. The Guardian (2024), *How hard is it to access an abortion in NSW? These maps show the deserts for care in the state*, <https://www.theguardian.com/australia-news/ng-interactive/2024/dec/16/how-hard-is-it-to-access-an-abortion-in-nsw-these-maps-show-the-deserts-for-care-in-the-state>

<sup>27</sup> MSI Australia (2024) *Australian Abortion Access Scorecard*, <https://www.msiaustralia.org.au/abortion-access-scorecard/>