

Induced abortions among migrant women: an areabased study in central Italy. 2007

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introduction

- Italy recently saw a consistent migration flow.
- In Lazio region, (the region where Rome is located), a 45% of increase of fertile migrant women was observed between years 2003 and 2007.
- This issue represents a challenge for health services:
 - difficulties in access to care
 - different cultural models
 - difficulties in communication



Aim

This study describes characteristics of migrant women making induced legal abortions, comparing them with the italian group.

in particular we focus on multiple induced legal abortions and on tardive pregnancy interruptions, which are considered as indicators of poor quality of preventive interventions and health care system.

Materials and methods (1)

Data

Mandatory legal induced abortion file for Lazio region in 2007. It reports for each abortion:

Woman

- information on reproductive history (previous deliveries, spontaneous abortions, legal interruptions)
- socio-demographic characteristics (place and date of birth, age, marital status and education)
- week of gestation, date of first visit, eventual diagnostic tests.

Abortion

- urgency for the intervention
- certification information
- other information (type of anesthesia, particular conditions)



Materials and methods (2)

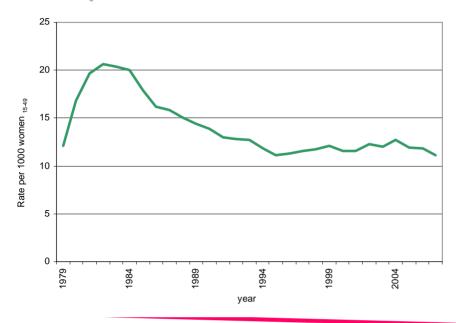
Descriptive analyses and a multivariate logistic models were performed to estimate the association between various factors with the risk of multiple induced abortion and the risk of late interruption (at 11-12 weeks of gestation) among migrant women comparing them with italian ones. We restricted the analysis including only legal induced abortions performed within 90 days of gestation.

Potential confounders included in the models were: woman

age, education, marital status and parity.

Results

In the Lazio region, Italy, 14.713 legal induced abortions (11.1 per 1000 women ₁₅₋₄₉ within 90 days of gestation were performed.

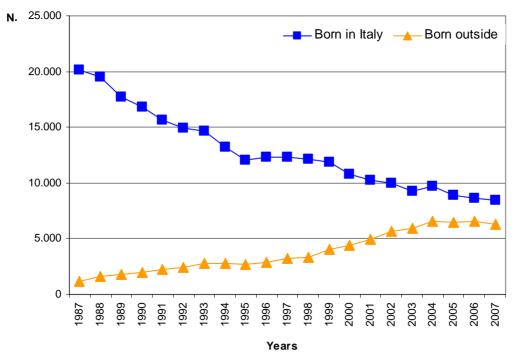


a descending trend is observed since '80. The rate is stable from '95.



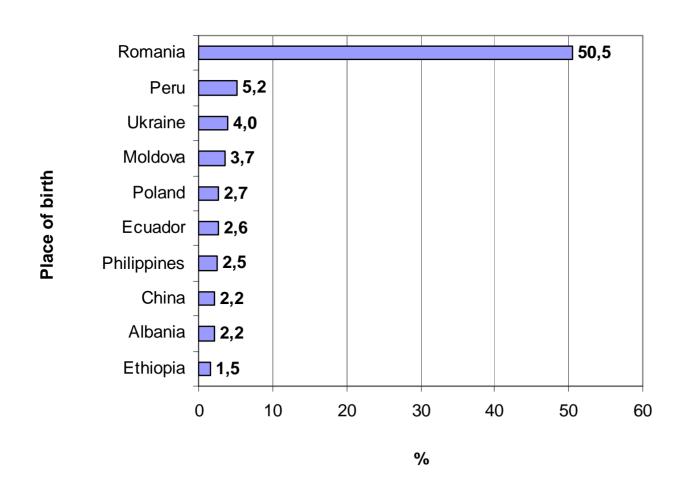
Results

High prevalence of migrant women in last years is observed



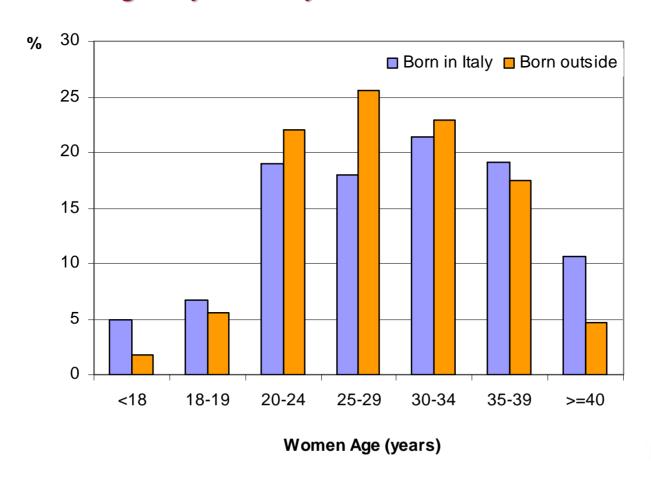


Place of birth of foreign women



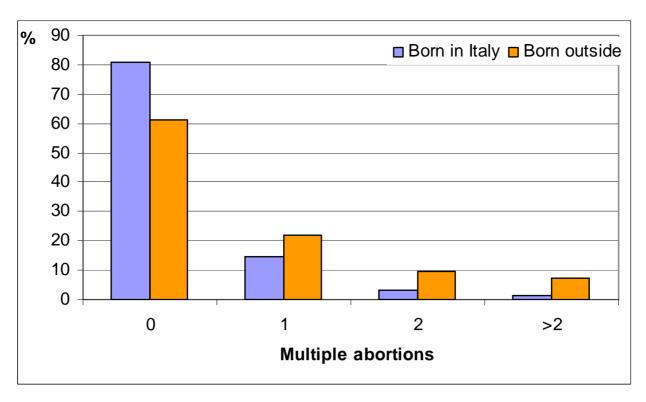


Woman's age by country of birth



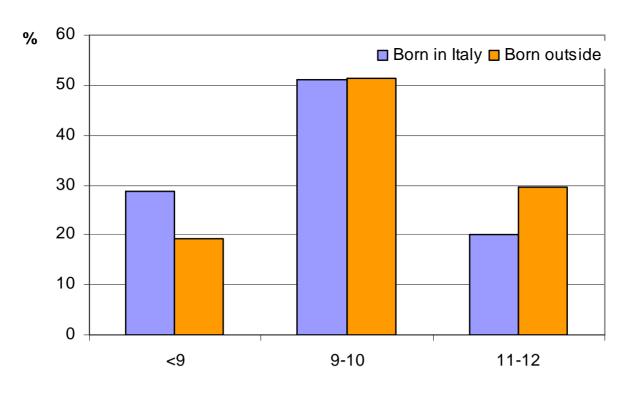


Number of previous legal abortions by country of birth





Week of gestation by country of birth



Gestational age (completed weeks)



Association between woman characteristics and the risk of

multiple abortion

pic abortion				
	Odds Ratio	95% CI		
Woman's Age				
less than 20	0.32	0.25	_	0.40
20-34	0.95	0.87	-	1.04
more than 34	1.00			
Woman's education				
primary school	1.05	0.87	-	1.27
junior secondary school	1.11	1.02	-	1.21
secondary school	1.00			
university	0.70	0.58	-	0.84
Week of gestation				
less than 11 weeks	1.09	0.99	_	1.19
11 or more	1.00			
Number of live births				
o	1.00			
1	3.50	3.15	-	3.88
2 or more	4.24	3.82	_	4.71
Place of birth				
Italy	1.00			
non Industrialised countries	2.40	2.21	-	2.62
industrialised countries	1.06	0.74	_	1.51

Association between woman characteristics and the risk of late abortion

	Odds Ratio	95% CI
Woman's Age		
less than 20	1,38	1,17 - 1,63
20-34	1,13	1,02 - 1,25
more than 34	1,00	
Woman's education		
primary school	1,05	0,87 - 1,27
junior secondary school	1,07	0,98 - 1,16
secondary school	1,00	
university	0,88	0,74 - 1,04
Marital status		
single	1,00	
married	0,91	0,83 - 1,01
divorced	0,69	0,57 - 0,83
widow	1,00	0,57 1,76
Previous legal abortion		
no	1,00	
yes	1,08	0,99 - 1,19
Number of live births		
0	1,00	
1	1,10	0,98 1,23
2 or more	1,06	0,94 - 1,19
Place of birth		
Italy	1,00	
non Industrialised countries	•	1,49 1,76
industrialised countries	1,12	0,80 1,57



Discussion

Risk of multiple induced abortion is higher for young women, less educated ones, for women with higher parity and for immigrants with non-industrialized country of origin.

Risk of late abortion is higher only for young women a immigrant ones.

It seems that late abortion is associated to health care factors, non only individual aspects.

Discussion

Women from non-industrialized countries come from a variety of countries where cultural norms are different, therefore it's unlikely that cultural barriers alone could explain higher risk for multiple abortions; therefore, poor socio-economic conditions (also among italians) are the most important determinant for multiple abortions.

Risk of late interruption seems to be less influenced from socio-economic determinants, nevertheless adolescents and immigrants women are at higher risk;

Discussion

Health services, especially primary family planning services should address this issue, improving the quality of care and trying to overcome cultural and linguistic barriers.

women's access to contraceptive knowledge and utilization is one of the most important measure to be implemented



thank you!

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