

Attitudes towards abortion in Italian women: socio-economic trends and epidemiological features

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Summary

Purpose of investigation: The aim of this study was to analyze trends and attitudes towards abortion in Italian women in the last decades. **Materials and Methods:** The authors analyzed number, socio-economic trends, and major clinical-epidemiological features of induced abortion in Italy (1980-2009). **Results:** Up to 1996 abortion rates were higher among married women, but from 1996 to 2009 they were higher among single women. The reduction of abortions has been observed in all age-groups, except in women from 15 to 19 years of age. Abortions were higher among younger women, women without previous abortions, nulliparous women, women with junior and senior high school diplomas (2005-2006), women with an academic degree (2007-2009), and professional women. **Conclusion:** In Italy, despite the decrease of the abortion rates, voluntary termination of pregnancy is still present and the spread of contraception is scarce. More information about contraception is necessary to help lower the incidence of both unintended pregnancy and abortion.

Key words: Abortion; Contraception; Italian women; Socio-economic status; Occupational status.

Introduction

Abortion is a consequence of an unintended, unwanted or unplanned pregnancy at the time of conception, resulting from contraceptive failure or non-use. Induced abortion is practiced almost all over the world and the proportion of all pregnancies ending in abortion is higher in the more developed than in the less developed regions [1]. In most European countries, from a culture of abortion, we are turning to a culture of contraception and prevention and this change is probably due to the commitment of women's organizations, scientific societies, and the media, which are increasing awareness and information about contraception [2]. Moreover, nowadays in Europe, we are observing a reduction of sexual intercourse, of fecundability, and of fertility [2], which could be responsible for the decrease of the abortion rates. A change in the way of supporting women through counseling and the possibility to offer a suitable contraceptive method to help women avoid an unintended pregnancy has also been noted [2]. To date, an increase in the prevalence of premarital sexual activity associated with a rising mean age for marriage could be important reasons for increasing abortion rates among young women. Furthermore, this group seems to be more susceptible to having sex without contraception, and to engage in unprotected intercourse [3]. Over the years, the proportion of couples using contraceptives has increased steadily and this change has been most pronounced in the developing countries due to a decline in the number of children desired and the intention to

avoid unintended pregnancies [1]. In general, condom and pill use are prevalent among younger women, whereas the use of long-acting and permanent methods increases with age [4]. In 2009, according to the United Nations, the mean global percentage using contraception in women who were married or in union was 62.7%, but despite these findings each year, many unintended pregnancies occur, suggesting that contraception still needs to be promoted [5].

Materials and Methods

In this descriptive retrospective study the authors analyzed the number, the socio-economic trends, and the major clinical and epidemiological features of induced abortion performed in Italy, since the first available data after its legalization, which occurred in 1978 in accordance with the law n.194. The study is based on Italian National Institute of Statistics (ISTAT) data, which since 1979 commenced the statistical survey of abortion cases (data found in the National Account section of <http://www.istat.it/it/archivio/ivg>) [6]. The data are collected through an individual abortion statement, which is filled by the physician who performs the abortion. In this statement, information about the woman, the abortion, and the operation is summarized. In particular, between 1980 and 2009, the authors analyzed the mean age at the time of the abortion, the number of abortions, the standardised rate of abortion, the rate of abortion among single and married women, the percentage of abortion among immigrant women, and the rate of abortion among different age-groups. The analysis has been carried out considering the specific rate of the abortion age and of the marital status at the time of the operation and the standardised rate of abortion. Finally, in accordance with the availability of the ISTAT data, from 2005 to 2009, the authors correlated the num-

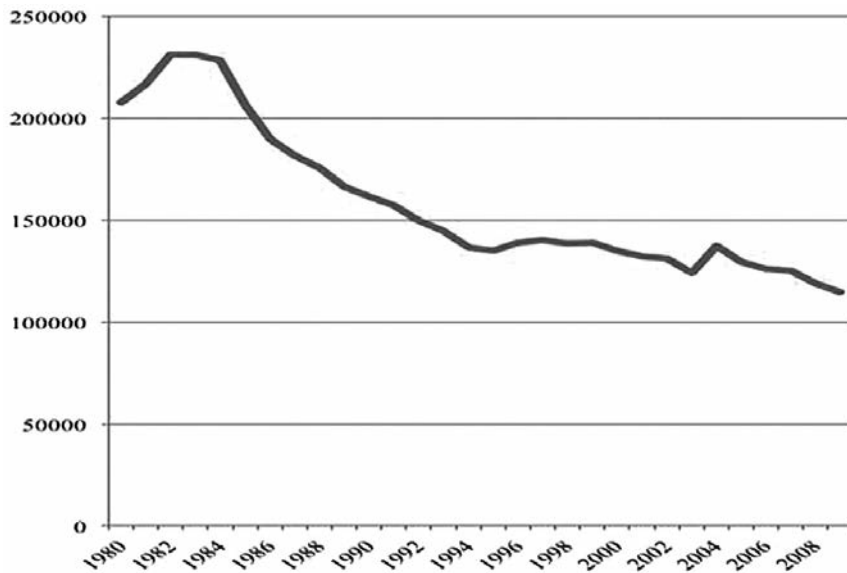


Figure 1. — Induced abortion trend in Italy (1980-2009).

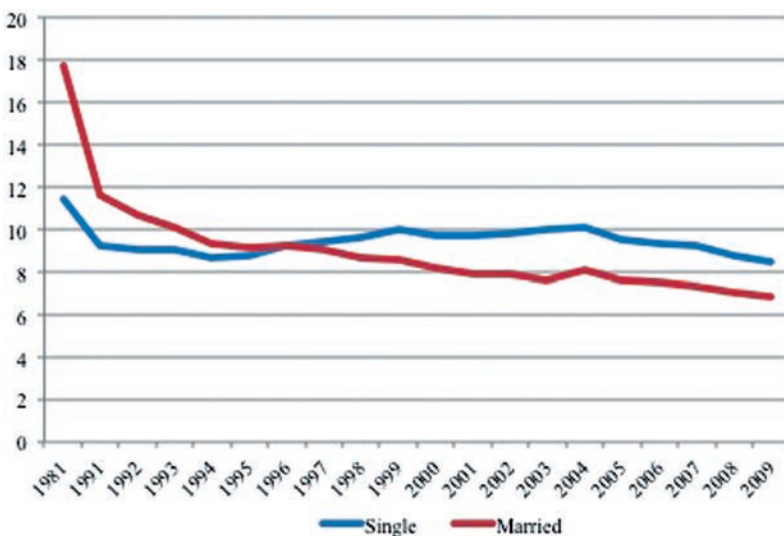


Figure 2. — Single and married abortion rates in Italy (1981-2009).

ber of abortions to the number of previous pregnancies, previous voluntary abortions, educational level, and employment status.

Results

In this study the authors evaluated a population composed of women with different marital status (single, married, divorced, widows, with a non-indicated marital status), and women in reproductive age (aged 15-49, but also 14 and 50 years of age). First of all the authors assessed the abortion trend in Italy from 1980 to 2009. The number of abortions, after an initial peak between 1980 (207,644) and 1984 (228,377), began to decrease from 1985 to 2009 (114,793), with a total reduction of 44.72%. Thus, throughout the period of analysis, the trend showed

a general reduction of abortions (Figure 1). Therefore, from a standardised rate of abortion of 15.9 per 1,000 women in reproductive age in 1980, we reached 8.55 per 1,000 in 2009. The provisional number of abortions for the following years, even if there are not conclusive data, showed a downward trend. Regarding the marital status, the authors compared the abortion rates of single and married women. In the singles group in 1981, the rate was 11.4 per 1,000 women, while in 2009 it was 8.45 per 1,000 women. In the married group in 1981 the rate was 17.7 per 1,000 women and in 2009 it was 6.83 per 1,000 women. In both groups, single and married ones, there was a reduction of the specific rates of abortion from 1981 to 2009. Until 1996 the rates were slightly higher in the married group, but from 1996 to 2009, even if it decreased, abor-

tions were higher in the single ones (8.45 per 1,000 vs. 6.83 per 1,000) (Figure 2). The mean age at abortion was 29.2 years in 1982 and 29.98 years in 2009, with 0.78 points of increase, but remaining essentially unchanged throughout this period. The reduction of abortions from 1980 to 2009 was observed in all age-groups, except in women 15 to 19 years of age, in which a small increase was reported, from a rate of 6.2 per 1,000 women in 1980 to 6.62 per 1,000 women in 2009. In general, younger women showed a major tendency to abortion. The lowest abortion rates were reported in the age-groups 15-19, 40-44, and 45-49 years. On the other hand, the highest rates of abortion were observed in women aged 20-39 years (Figure 3). In the recent years, the percentage of immigrant abortions increased from 6.56% in 1995 to 33.81% in 2009. After the year 2000, the Rumanian women began to differentiate themselves from other immigrant women and while before there was no dominant citizenship, from 2,858 abortions in 2000, the Rumanian reached 11,049 in 2009 (13.6% and 29.3% of all abortion among immigrant women, respectively). Finally, focusing on the time interval from 2005 to 2009, the authors analyzed the number of abortions related to eventual previous pregnancies, previous abortions, educational level, and employment status. They observed that the number of abortions was higher in women without previous pregnancies (Figure 4). A similar pattern was examined in women without previous abortions (Figure 5). The abortion rate was higher in women with junior and senior high school diplomas, occupying the first and the second positions, respectively, and it is interesting to note that while in 2005 and 2006 in the third and the fourth position the authors found women without educational qualification or primary school certificate and women with an academic degree, respectively, in 2007, 2008, and 2009 exactly the opposite (Figure 6), with an in-

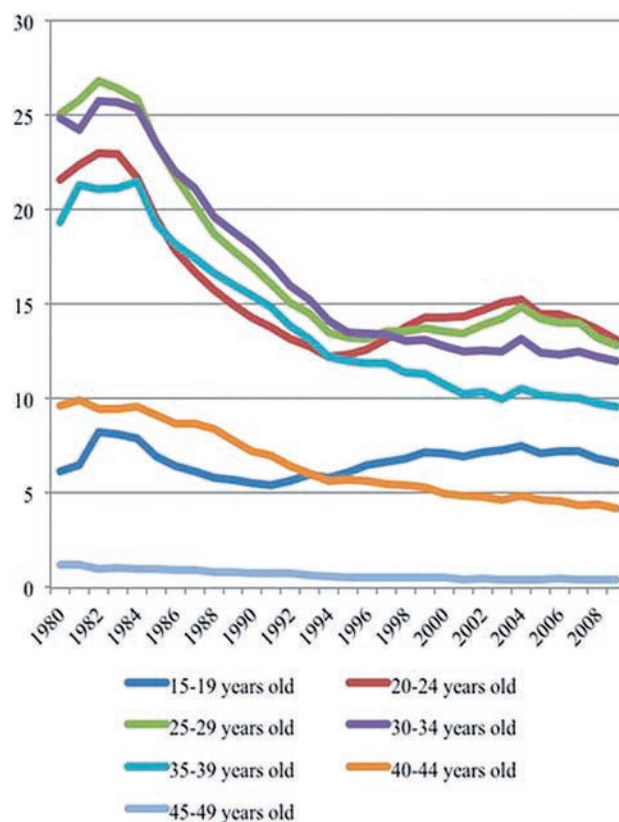


Figure 3. — Specific induced abortion rates in the different age-groups (1980-2009).

crease of abortions among women with an academic degree. The present data also showed higher abortion rates among professional women than among housewives, students, and non-professional ones (Figure 7).

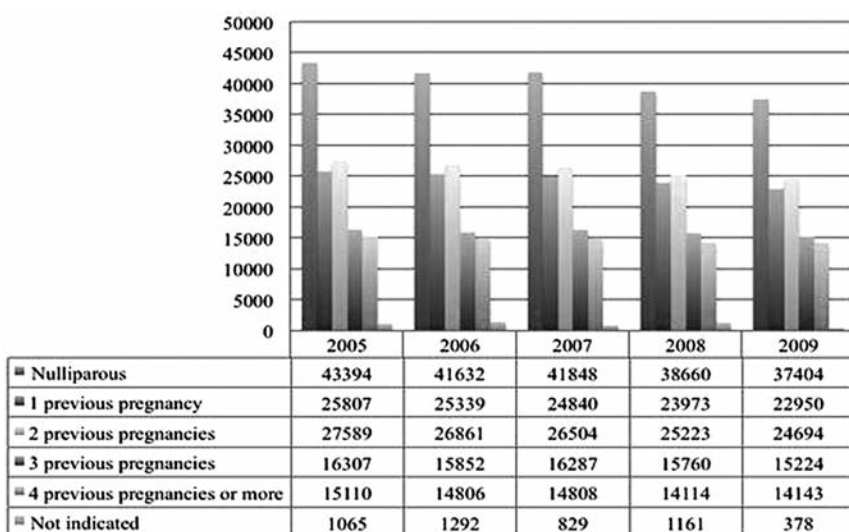


Figure 4. — Induced abortion and previous pregnancies (2005-2009).

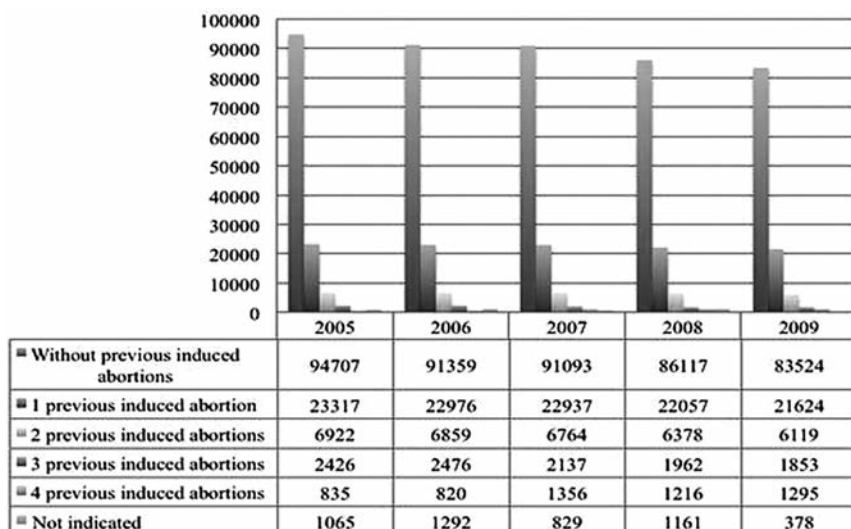


Figure 5. — Induced abortion and previous induced abortions (2005-2009).

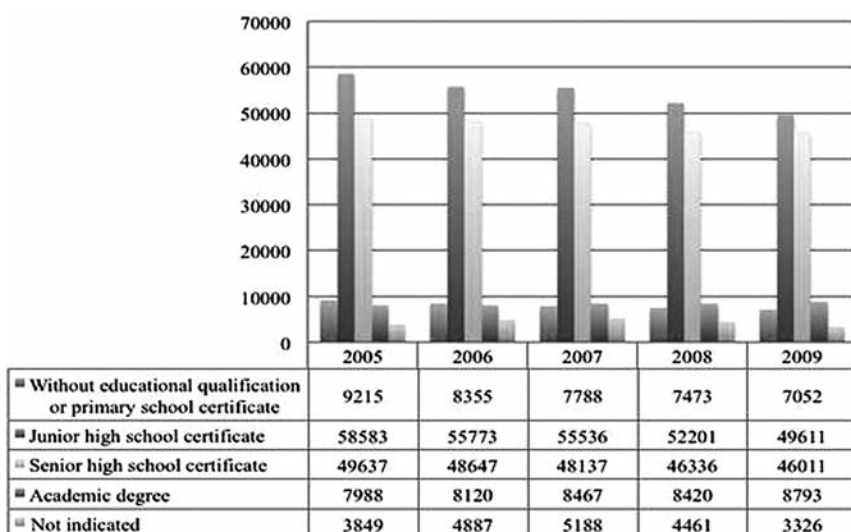


Figure 6. — Induced abortion and educational level (2005-2009).

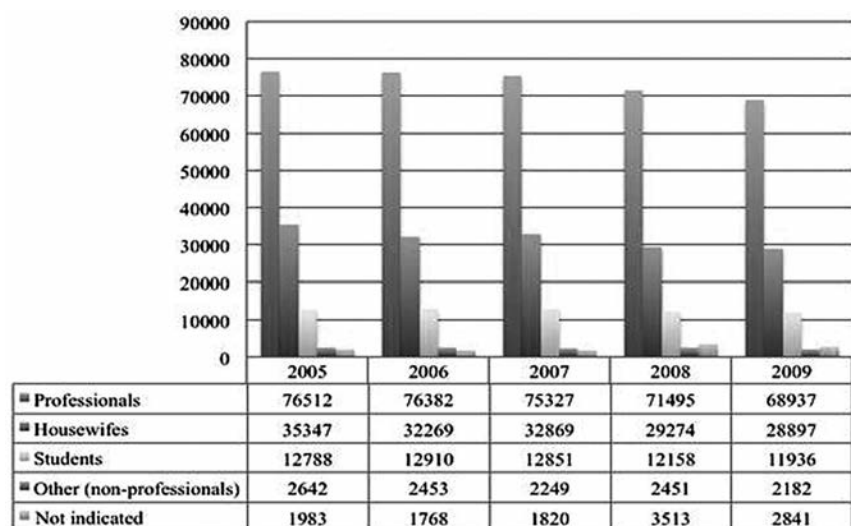


Figure 7. — Induced abortion and employment status (2005-2009).

Discussion

The use and the spread of contraceptive methods in Italy are widely inferior than in other European countries, even than Eastern Europe, which has the lower rate of contraception [7]. There is a lower use of oral contraceptives (OCs) and intrauterine devices (IUDs) and a great use of such inconsistent methods as withdrawal [8]. One girl out of five under 15 years of age has already had sexual intercourse and the majority of women recurring to an emergency contraception is under 25 years of age, single, and without previous pregnancies [9]. A recent survey conducted in Italy reported that 53% of the Italian women refused to use contraceptive methods, 38% do not have an adequate knowledge, or do not use them properly [10]. Common reasons for the non-use of contraceptives include underestimation of the pregnancy risk, the concern about side effects, and unplanned intercourse [4]. Only 0.3% of young Italian women under 19 years old have a good sex education, 26.5% sufficient, 72% insufficient [10]. Moreover, recent findings have shown that young women have a more difficult time negotiating the use of user-dependent methods. A survey conducted by Censis in 2000, has shown that 31.6% of the Italian couples use the withdrawal method, 28.4% the condom, 3.2% IUDs, and only 20.9% the pill (the former prevailing in the Northern Italy than in the South) [11]. According to the ISTAT data in 2002, in Italy, almost 50% of women have sexual intercourse without contraception and the mean percentage of users of oral contraceptives has been estimated as 19.1% [12], well below the European mean of 30% [12]; 45% of pregnancies are intended, while in the rest of Europe they are 6.5% [13]. In a study conducted in 2003, 12,138 women were enrolled from five European countries, of which 2,301 were Italians. The study demonstrated that 2.6 million of Italian women used OCs (19%) between 15-49 years old. The same situation was found in Spain (19%), while UK, Germany, and France demonstrated a higher use of contraception with 27%, 34% and 45%, respectively [14]. However, the abortion rate among Italian women under 20 years old in 2009 was 6.9 per 1,000, lower than other European countries. Subsequent to the legalization of abortion in Italy in 1978, an upward trend has been experienced in the first years among Italian women and then the number of abortions declined steadily. The highest abortion rates have been observed between 1982 and 1983 with a second peak for all age-groups in 2004. The first peak was followed by a consistent decrease that can be attributed to the fact that the legalization focused the attention on this theme, making women aware that substituting abortion for contraception was unacceptable. Furthermore, the decrease of voluntary termination of pregnancy beginning from 1982 has been correlated to the diffusion of modern methods of fertility regulation and to an increase in OCs diffusion [15]. Instead, the second peak (2004) has been ascribed to an increase of abortion among immigrants. The contribution of immigrant women to the voluntary termination of pregnancy has in-

creased over the years, especially among Rumanian women. This increase has been reported mostly in the Central and Northern Italy, where the number of immigrants has grown in that period [16]. Data have shown that immigrant women generally have a lower educational level than Italian women [6], which strongly influences their socio-economic position, their reproductive life, their access to health services, and it might explain, according with the growing number of immigrants in the last years [6], these increasing abortion rates. Low educational level and insufficient Italian integration policies may be responsible for this upward trend. Regarding the marital status, the authors noticed a reduction of the number of abortions both in single and married women, but since 1996, abortions began to increase in the former. This evidence is probably due to the transformation of the society in the 1990s. The age at marriage has been increasing and the risk of unintended pregnancy and abortion among sexually active women may also be increasing. Abortions among young and single women often reflect the desire to delay the start of childbearing, whereas among older ones, they reflect the desire to space or stop childbearing [4]. In Italy over the years, the authors observed a reduction of abortions among all age-groups, except among women aged 15-19 years; indeed in this group a small increase has been reported. In general, in this report age-specific abortion rates and the share of all abortions by age-group are generally highest in the mid-range of women's reproductive years (aged 15-39 years). The present results have shown that women in certain age-groups are more likely than others to have abortions, and are probably in greater need of contraceptive information. The lowest abortion rates were observed among women aged 15-19 and 40-49 years. This trend could be explained by the fact that teens 15-19 years of age are less sexually active comparing them to women in their 20s or older. Moreover, they numerically represent a small group among women who resorted to induced abortion, and even if a slight increase of voluntary termination of pregnancy has been demonstrated in these teens, they are just a small share comparing their rates to those of the other age-groups. On the other hand, the low abortion rates among women of 40-49 years of age in the present study are expected, female fecundity declines with age, which surely contributes to the lower abortion rates among older women. Furthermore, these women are more likely to have a higher awareness about the sexual behaviour and the relationship between a couple. Finally, the authors found higher abortion rates among Italian women without previous pregnancies and previous abortions. This evidence let us hope that the occurrence of an unintended pregnancy and the subsequent induced abortion is a teaching moment for a woman, which could learn from that experience and begin to use a contraceptive method or switch to another more suitable contraceptive if she is already using one. Furthermore, the authors noticed that a leading factor associated with abortion is the socio-economic position. The educational level is an indicator of the social position and the maternal educational level

influences pregnancy outcome and access to health services. Voluntary abortion rates were higher among women with an academic degree and among professional women. This trend is probably linked to the changing of personal and professional needs, in a world where women are always more emancipated and hard workers, with the growing tendency to postpone marriage and childbearing. Thus, the number of years during which women are potentially at risk of experiencing an unintended pregnancy increases proportionately. The incidence of unintended pregnancy and subsequent induced abortion is an important health status indicator in the field of reproductive health. Improving access to contraceptives for all women and couples, and improving the effectiveness of use among those who are already using them, are crucial steps toward reducing the incidence of unintended pregnancy and induced abortion.

Conclusion

Abortion is not only a medical or surgical procedure, it is also a social problem, a social process involving several subjects and rises questions about the right of women, the protection of the unborn, and the religious view of life. Abortion rate reduction in many countries is linked to a more widespread use of contraceptive methods, but also to a reduction in fertility, as observed in some industrialized countries. There is also a change in the way of supporting women, by counseling and offering contraceptive methods to help women avoid an unwanted pregnancy. But despite the availability of effective contraceptive methods, unintended pregnancy continues to be a significant health problem for women throughout the world. Thus, unintended pregnancy contributes to abortion and improving access to sex education and increasing the practice of effective contraception would be the best way to reduce it. Educational programs should include information about pregnancy risk and correct use of contraceptive methods. It is also necessary to improve access to the health services for immigrants and to implement the integration policies. Nowadays in Italy, despite the decrease of the abortion rates, voluntary termination of pregnancy is still present and the use and the spread of contraception are still scarce. Thus, healthcare professionals need to inform their patients about the benefits, risks, and the correct usage of all available contraceptives and to increase awareness of emergency contraception to help lower the incidence of both unintended pregnancy and abortion, taking in consideration that the more contraception is used, the less abortions there will be.

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