

Original

Recourse to induced abortion in Spain: profiling of users and the influence of migrant populations

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ABSTRACT

Background: Social vulnerability implies a higher risk of induced abortion (IA). Immigrant status could be an additional factor. The objective was to identify the patterns surrounding which women resort to IAs, and to study the relationship between socio-economic and health system factors. Another aim was to determine the relationship between the patterns identified and the immigrant's country.

Methods: A cross-sectional study was performed including all IAs notified during 2006 on women residing in three Spanish autonomous communities (the Balearic Islands, Catalonia and Comunitat Valenciana). We used sociodemographic, nationality and related variables, reproductive history and use of health services. A Categorical Principal Component Analysis was used to summarize the information and to identify profiles.

Results: More than a third of IAs were performed on non-Spanish women. Four dimensions have been determined that define the profile of women resorting to IAs: age, reproductive history and marital status; type of health services used; social level; and earlier or late IA and its repetitive use. Age and related factors were important determinants. Economic status and knowledge of the health system were related to access to contraception and IA information. Spanish, Western European and South American women had a higher social level than Romanian and African women. Late IA use and a lower recurrence characterised Asian, North African and Spanish women.

Conclusion: Differences on IA use between groups of different women seem to be related to vulnerability (economic, social, knowledge and use of healthcare services). There is a different situation among immigrants of differing nationalities.

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El recurso al aborto en España: caracterización de las usuarias e influencia de la inmigración

RESUMEN

Objetivos: La vulnerabilidad social representa un riesgo de interrupción voluntaria del embarazo (IVE). La inmigración puede ser un factor adicional. Se pretendía identificar patrones que caracterizaran a las mujeres que abortan y estudiar la relación con factores socioeconómicos y de atención sanitaria. Otro objetivo fue determinar la relación entre los patrones identificados y el origen de las inmigrantes.

Métodos: Se realizó un estudio transversal incluyendo todas las IVE notificadas durante 2006 a tres registros de IVE de comunidades autónomas: Illes Balears, Catalunya y Comunitat Valenciana. Se utilizaron variables sociodemográficas, de nacionalidad y relacionadas, historia reproductiva y de utilización de servicios sanitarios. Se realizó un análisis de componentes principales categórico para resumir la información e identificar perfiles.

Resultados: Las inmigrantes representaron más de un tercio de las IVE. Cuatro dimensiones definieron el perfil de las mujeres que abortan: edad, historia reproductiva y estado civil; utilización de servicios públicos o privados; nivel social; IVE tardía o precoz y su recurrencia. Edad y factores relacionados fueron determinantes importantes. El nivel económico y el conocimiento del sistema sanitario estaban relacionados con el acceso a la anticoncepción y a la información sobre IVE. Españolas, europeas occidentales y latinoamericanas tenían mayor nivel social que rumanas y africanas. El uso tardío de la IVE y una menor recurrencia fue característico de españolas, norteafricanas y asiáticas.

Conclusión: Las diferencias en el recurso a la IVE entre grupos de mujeres parecen relacionarse con la vulnerabilidad (económica, social, de conocimiento y uso del sistema sanitario). La situación varía entre inmigrantes de diferentes nacionalidades.

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Background

In order to understand the induced abortion (IA) phenomenon, health service related factors as well as social factors need to be looked at. There are factors that strongly influence the probability

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of having an IA including age, the prospect of single parenthood and high parity, but there are also others such as the woman's housing situation, previous abortion history, attitudes towards abortion and occupational status.¹ A low educational level, weak social networks, poverty, unemployment, and difficult access to the healthcare system are factors related to vulnerable social groups, and those women from these groups and low socio-economic status are exposed to a higher risk of IA.²

Immigration could be an additional factor for IA. Immigration, mainly of an economic nature, is an understudied factor in southern European countries with regard to IA because it is a recent phenomenon. For immigrant women, the risk would not necessarily be associated with cultural factors, but rather with their belonging to vulnerable groups.³ In some European countries^{4–7} the IA rates among immigrant women are higher than for autochthonous women, and it is also possible to distinguish differences depending on the nationality of the migrant.

In Spain, IA has been legal since 1985 in three cases (risk to the mother's health, risk of fetal malformation, and rape). Since then, there have been a small number of studies of IA, but most of them have emphasized the relevance of social factors^{8–10} and there are very few studies relating immigration to IA in Spain.^{11–13} The aim of this study is to identify the socio-economic and health-system related patterns surrounding which women resort to IAs in three Spanish autonomous communities and where immigration plays an important role. Finally, we want to determine the relationship between the patterns identified and the nationalities of the immigrants.

Methods

Design and study population

With a cross-sectional study design, we include all IAs performed during 2006 on women residing in three Spanish autonomous communities: the Balearic Islands (IA = 3,108), Catalonia (IA = 20,058) and the Comunitat Valenciana (IA = 10,024). These three regions cover 30% of the Spanish population (12,942,667 inhabitants; 2,842,057 women within reproductive age) and 42% of foreigners living in Spain in 2006.¹⁴

Source of information

The IAs accounted for have been reported by authorized centres to the IA Registries (IA notification is mandatory in Spain) and data proceeding from the official form. Variables selected (categories of variables are shown in Tables 1 and 2) were: living in a couple (cohabitant), marital status, family planning attendance in the last two years (including the type of family planning centre: private, public or others), type of information centre about IA (private, public or other), age, education, work status, number of prior IAs, number of living children, years since their last delivery, gestational weeks, province of residence, nationality (country: grouped as Spain, Western Europe, Romania, Eastern Europe, North Africa, other African countries, Bolivia, Ecuador plus Colombia, other American countries, Asia plus Oceania, and «not available») and, when appropriate, the year of arrival in Spain. Nationalities were grouped by continents and, inside of them, by geographic regions or countries with regard to the number of women.

The data are complete for most of the cases, only 2.8% of IA notifications had any missing value.

Table 1

Number of women who resort to IA in Catalonia, the Balearic Islands and Comunitat Valenciana (Spain) by nationality and date of arrival

	N (%)	
Nationality Country or group		
Spain	19,409	(58.48)
West Europe	841	(2.53)
Romania	1,574	(4.74)
East Europe	1,010	(3.04)
Magreb	1,190	(3.59)
Rest of Africa	523	(1.58)
Bolivia	2,573	(7.75)
Ecuador & Colombia	2,854	(8.60)
Rest of America	2,743	(8.27)
Asia & Oceania	471	(1.42)
Date of arrival (for non-Spanish women)		
<2001	3,028	(22.45)
2001–2002	2,930	(21.72)
2003–2004	3,760	(27.87)
2005–2006	3,771	(27.96)

Statistical analysis

We started with a bivariate analysis, performing a chi-square test to check the differences between all variables comparing Spanish and non-Spanish women

Categorical Principal Component Analysis (CATPCA)¹⁵ was used to summarize the information because of the categorical nature of variables. This technique provides an optimal quantification for each category of the variables analysed, giving them metric properties that will allow us to calculate distances between individuals or correlations between variables. The linear combinations of the quantified variables with the most explained variance were derived. The original categorical variables were summarised in several numerical variables, every one of them representing the patterns that best explain the variability.

We consider as relevant dimensions those with an eigenvalue (measure of explained variance) higher than 1 unit.¹⁶ This means retaining in the analysis those dimensions having an explanatory power greater than that of a variable uncorrelated with all the others included. To interpret every dimension, we only consider those variables with a contribution higher than 10% of the eigenvalue, the remaining variables being considered as not relevant.

«Nationality», «number of years since arriving in Spain» (for immigrants) and «province of residence» have been included in a secondary step as supplementary variables as we did not want these variables to determine the social pattern of women demanding IAs, but rather we wanted to see the relation of these variables with the patterns arising from the analysis. Thus, groups of women have been projected on the axis according to their nationalities, dates of arrival in Spain and provinces of residence in order to characterize the determinants of these groups.

Results

More than a third of the IAs in 2006 in the territory studied (Table 1) were performed on non-Spanish women (from 34.7% in Tarragona to 48.6% in Castelló). Differences between Spanish and non-Spanish women were statistically significant ($p < 0.01$) for all the variables (Table 2).

Four dimensions yielded an eigenvalue higher than 1 unit. The percentage of variance explained by the four axes altogether is

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