

Induced abortions among migrant women in Finland 2001–2014

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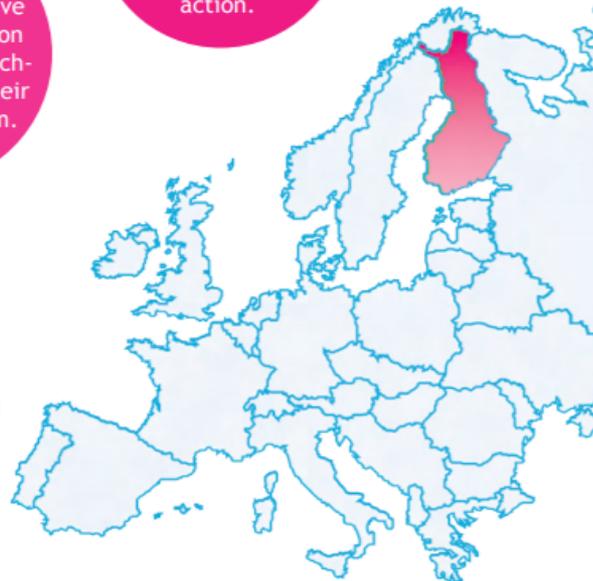
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Sexual and reproductive health in Finland

Children and adolescents receive sexuality education from qualified teachers as a part of their school curriculum.

Sexual and reproductive health is highlighted nationally as being an important issue that requires action.

In international comparisons, sexual and reproductive health and rights are at a good level according to many indicators. This is partly due to universal and comprehensive primary health care and specialized medical care.



Finland is a country of 5.4 million inhabitants in northern Europe. The literacy rate is 100% and 31% of Finnish women and 25% of men have completed higher education. In 2010 the GDP per capita was EUR 33 608. Most people belong to the Evangelical Lutheran church (78%). In Finland there are less than 170 000 migrants, being mostly Russians, Estonians, Swedes and Somalis. Immigration has grown significantly during the last two decades.

Edistä, ehkäise, vaikuta

– Seksuaali- ja lisääntymisterveyden
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TOIMITANEET BEIJA KLEMETTI & EIIJA RAUSSI-LEHTO



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Service providers

- Municipal authorities responsibility:
 - for the provision of health and social services
 - promotion of sexual and reproductive health
 - prevention and treatment
 - Universal maternal and child health care services.
 - School and student health care services.
 - Contraceptive counselling; client herself pays for contraceptive methods.
 - Testing and care of sexually transmitted infections.
 - Counseling and referrals for abortions.
 - Sexual counseling and therapy services have increased in specialized medical care.



Service providers

- The private sector offers services especially by gynecologists and therapists.
- Non-governmental organizations are significant service providers, especially for special groups (lone parents, sexual minorities, sex workers, victims of sexual violence, people with disabilities), in informing and developing working methods related to sexual and reproductive health.



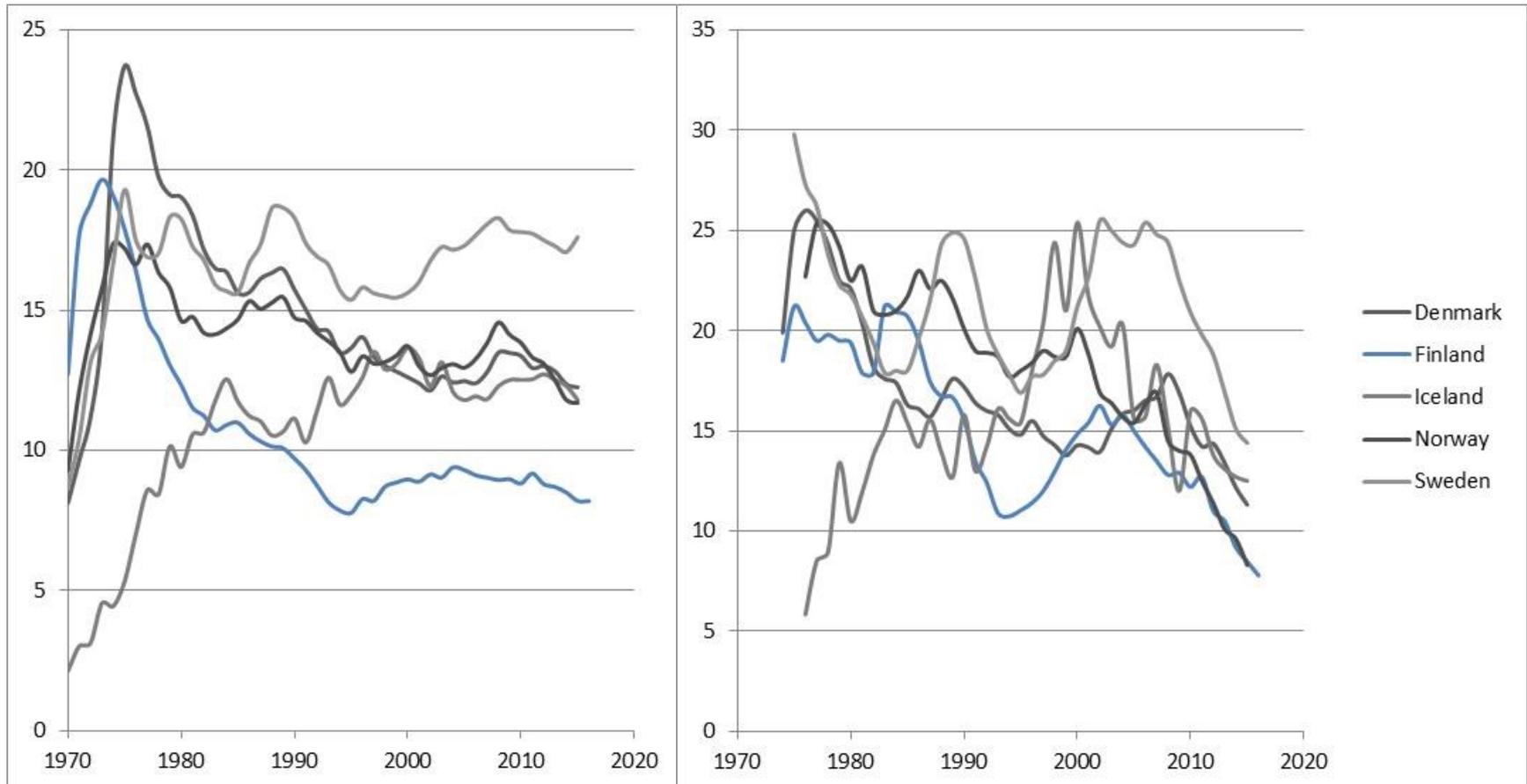
Present good level of sexual and reproductive health is due to

- The organization and content of sexual and reproductive health care services being regulated by legislation and national guidelines.
- The early established and high quality maternity care and other comprehensive primary health care services with highly educated personnel.
- National guidelines for maternity and child health clinics as well as for school and student health care.
- Sexuality education at schools.
- A high degree of gender equality.
- An efficient system of registers and statistics gathering

Challenges

- Accumulation of risk factors among a small group of young people.
 - Repeat abortion, the number of induced abortions in the 20–24 age group and Chlamydia infections among young people.
- Postponing childbearing, infertility and fertility knowledge.
- Ensuring gender and social equality in sexual and reproductive health issues.
 - Services need to be tailored closely to specific needs and cultural aspects of immigrants, victims of sexual violence, people with other than a heterosexual orientation and people with disabilities.
- Standardised and high quality education and more comprehensive services which encourage a positive attitude to sexual and reproductive health.
- Discontinuation of sexual and reproductive health unit at
THL

Induced abortions for all women and teenagers, 1/1000 women



Induced abortions among migrant women in Finland 2001–2014

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Background

- Sexual and reproductive health is a key part of the overall health and well-being of a person.
 - Reproductive health is often overlooked in general discussion and in the processes of the health care system.
- Vulnerable groups like immigrants and sexual minorities are easily marginalised.
 - Often with quite small modifications of current practices the needs of these groups could be met more effectively.

Background

- Migrants are not one homogeneous group.
 - Their countries of origin, their current country of residence, reasons for immigration, time lived in the new country and personal situations varies by time and place.
 - There is no universal pattern in their health compared to the health of the native population.
- At the end of 2014, in total 5.9% of population of Finland were born elsewhere than Finland.

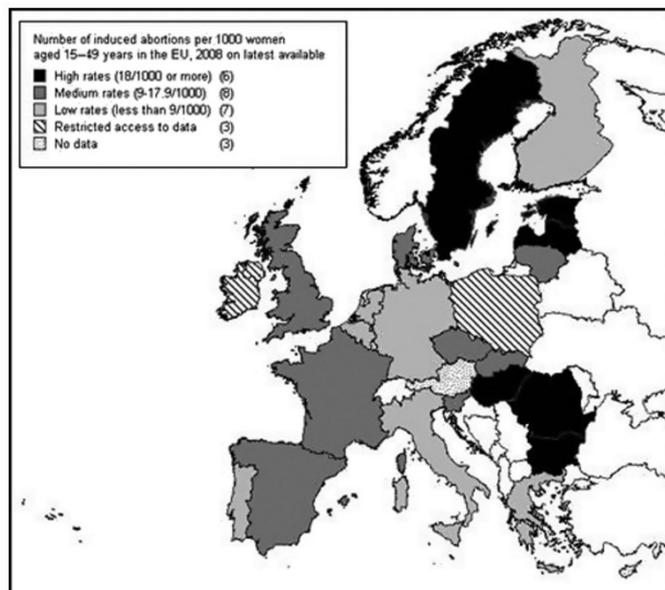


Background

- Abortion rate is an often used indicator of sexual and reproductive health reflecting:
 - the success of policy-makers and health care system in providing access to family planning services,
 - price and availability of contraceptives, and
 - the level of sexual health education.
 - *A low proportion of late abortions* can be seen as an indicator of a well-functioning health care system.
 - *A high prevalence of abortions* can be seen as an indicator for problems with contraceptive use or availability, access to health care, sexual education or lack of cultural understanding and discussion on reproductive health.

Finland

- For a termination, a legal indication is required:
 - social circumstances (96%),
 - medical indications (4%), or
 - ethical indications (<0.1%)
- The 1970 legislation is liberally interpreted.
- Most of the induced abortions are performed on social grounds before 12 gestational weeks.



Source: Gissler & al. BJOG 2011

Aims

- To identify differences between the Finnish and immigrant populations in the use of induced abortion:
 - to improve the Finnish health care system's ability to recognize migrant specific issues that should be addressed
 - to identify processes and practices where the Finnish health care system might not meet the needs of women of foreign origin

Methods

- The Register on Induced Abortions contains information on all legally induced abortions:
 - age, marital status, socio-economic status, residential area, previous pregnancies, previous and planned contraception, indication, procedure, complications and gestational age.
- Population data at Statistics Finland
 - background country, country of birth, language, and citizenship
- Linkage for years 2001-2014: 148 044 abortions.

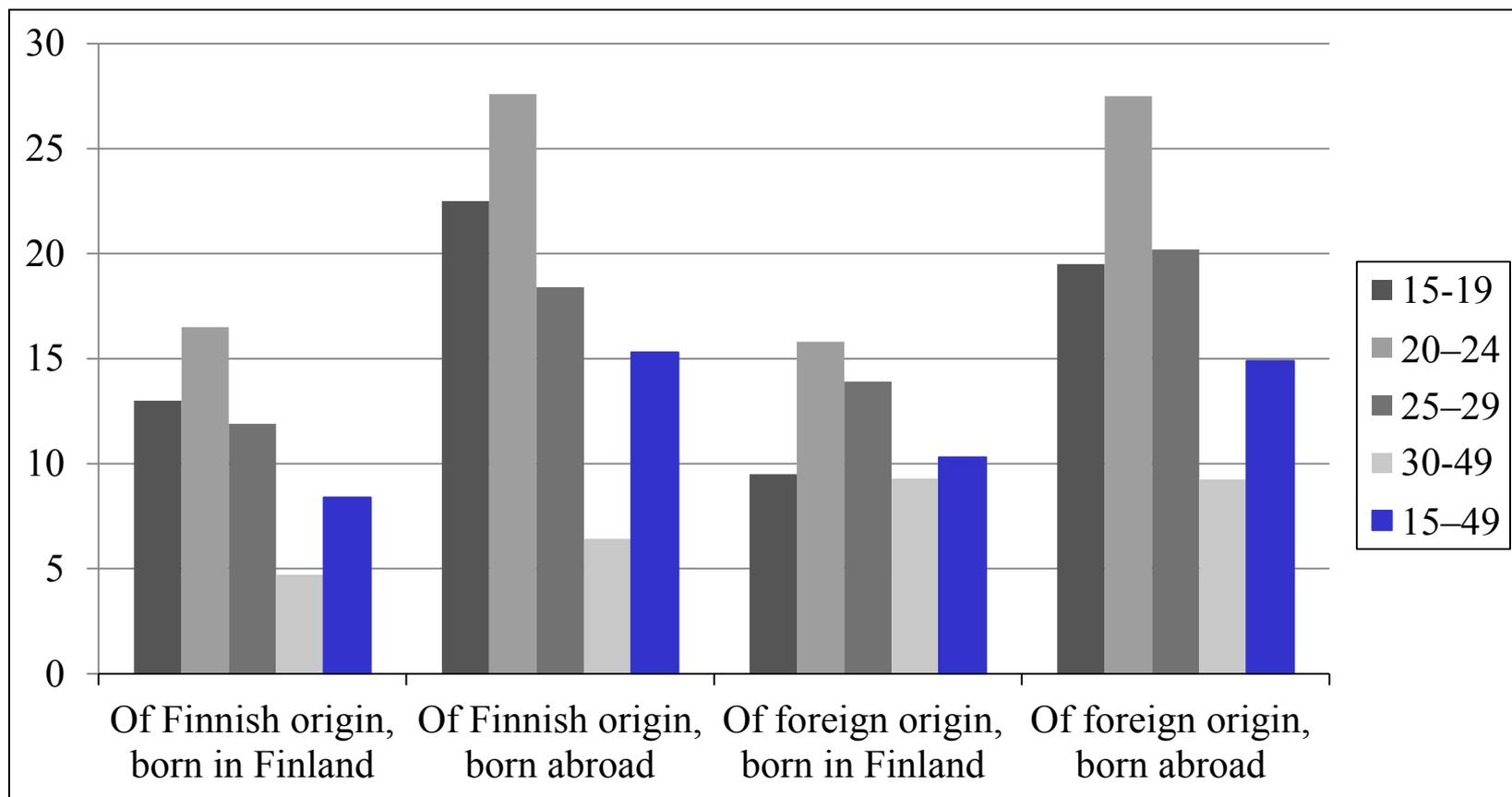
Methods

- Personal identity number (PIN) since 1964
 - given to all citizens and permanent residents
 - immigrants, asylum seekers and refugees are issued a PIN if the residence permit is permanent or exceeds more than one year
 - refugees who are waiting for residence permit are not included in the Population Information System, but their abortions are registered
 - the same is true for non-residents, such as visitors, seekers of health care services

Background

	Of Finnish origin, born in Finland	Of Finnish origin, born abroad	Of foreign origin, born in Finland	Of foreign origin, born abroad
Induced abortions 2001–14	129 689	3 350	235	12 719
Background, %				
Mean age	26.3	26.1	21.4	28.6
Age < 20 years	21.2	17.2	57.4	9.9
Single	49.2	51.2	57.7	26.9
Pregnancy history, %				
No previous pregnancies	42.0	32.6	65.5	23.2
No previous births	53.9	47.0	82.5	33.2
No previous induced abortions	66.5	55.8	75.3	53.0
Gestational age, %				
Over 12 weeks	7.7	7.3	7.7	5.9
Over 20 weeks	0.8	0.4	0.0	0.7

Induced abortions per 1000 women by age



Results

- The highest abortion rates (Finland: 8.4/1000):
 - Women born in Iran (26.2/1000), Estonia (18.9/1000), and Vietnam (18.3/1000).
- The highest teenage abortion rates (Finland: 13.0/1000)
 - Teenagers born in Sweden (32.1/1000), Vietnam (27.8/1000), and former Soviet Union/Russia (26.4/1000).

Results

- Most late induced abortions after 12 weeks
(Finland: 7.7%):
 - Women born in Thailand (10.6%), Somalia (9.4%),
and Iraq (7.7%)
- Most repeated previous induced abortions:
(Finland: 33.5%)
 - ...

Results

- No use of contraceptives before pregnancy was reported by 40% of women with Finnish background and 58% of migrant women.
- After the induced abortion, oral contraceptives and IUDs were the most common choices:
 - women with Finnish background 54% + 24%
 - migrant women: 48% + 33%

Conclusions

- To improve migrants' sexual and reproductive health, family planning services should focus in prevention of unwanted pregnancies among women with different cultural backgrounds.
- Migrant women may need special support when seeking abortion and when they are in need of abortion.



Key messages

- Migrant women have a higher risk for induced abortions in Finland.
- Late induced abortions are not more common among migrants suggesting good access to care.
- The use of contraceptive when becoming pregnant was less common among migrant women.