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Communi-Care for Migrants and Ethnic Minorities

4th Conference on Migrant and Ethnic Minority Health in Europe

21-23 JUNE 2012, UNIVERSITÀ BOCCONI, MILAN, ITALY



Università Commerciale  
Luigi Bocconi

## The Italian project “Prevention of induced abortion among immigrant women”

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### Objective

In the last 15 years the number of induced abortions performed on foreign women has increased, in Italy, due mainly to the progressive growth of the immigrant population. While in 1995 only 6% of abortions were performed on foreign women, in 2003 this proportion reached 26% and in 2009 nearly one in three women aborting was foreign, for a total of 38,309 abortions (1). These women were coming mainly from Eastern Europe (56.1%).

A study on abortion among migrant women, carried out in 2004 by the Istituto Superiore di Sanità (National Institute of Health), showed that they chose to abort only as a last option, after unsuccessfully using contraception, due to lack of knowledge of the physiology of reproduction and the correct use of contraceptives (2). The large majority of the foreign women interviewed (64%) had acquired information on contraception in their own country from parents, friends or partners, and one third of them stated that they did not receive any information on this subject from anyone after their arrival in Italy.

However, other studies have found that when women receive effective information on contraception after delivery or abortion from public family care services or hospital staff, they listen carefully and tend to change their behaviour concerning family planning (3-4).

In 2010 the Ministry of Health promoted and founded a project on prevention of induced abortion among migrant women, carried out by the Tuscany Region, the National Institute of Health and the Sapienza University of Rome. The aim of the project is to reduce the abortion rate among immigrant women, by enhancing health personnel training, strengthening the health services offer of

care and prevention interventions, diffusing information on contraception and health services available to immigrants.

### **Methodology**

The project is based on the idea that the knowledge of rights and duties enables one to play a dynamic role within the society. This awareness among migrants, together with an active commitment by health services to take care of them, allow the strengthening of social inclusion and human dignity respect. Thus the project focuses on actively offering to migrant women all the opportunities necessary to safeguard and promote their own health and that of their family, especially their reproductive lives.

First, the project aims to promote knowledge of public family care centres (consultori familiari) and other available health services among migrant women, as well as the content of the Law n. 194 on maternity and abortion, through the involvement of migrant associations. The migrant women will be contacted in work places, in their community celebrations, in Italian language or other professional courses.

Moreover, health services are encouraged to improve the way they welcome migrant women, in collaboration with cultural and linguistic mediators, where present, in order to provide appropriate and effective information on available care supply and specifically on contraception. The health staff should promote the women's empowerment, by actively offering services and information, overcoming difficulties and obstacles in communication, and strengthening their own skills of listening and understanding. In particular, the project urges health services staff to provide culturally appropriate information on the women's physiology and reproduction taking account of their needs and preferences as to contraception, in order to let them make free and informed choices.

The project pursues three main strategies: training health services staff, improving accessibility to and use of health services and usability and promoting information and communication.

As to the first issue, which is under the scientific responsibility of the Sapienza University of Rome- Department of Public Health, the project aims to identify the training needs related to the goals of the project. The first step is the analysis of the strengths and weaknesses of the relationship between health services and migrant women and a systematic analysis of past training experiences on immigration and health. The training will take account of what the health workers really need and will not use a top-down approach. Considering the priorities emerged from the analysis, the next step is to build a Training of Trainers (ToT) programme with main keywords: agency, cultural competence, multidisciplinary approach, community-based approach, empowerment (5-6).

As to the second strategy, which is under the scientific responsibility of the National Institute of Health, interventions aimed to prevent unwanted pregnancies and promote the use of contraceptives among migrant women are identified and implemented within health services following a systemic approach. This approach enhances the continuity of care between hospital and district health services and takes advantage of their contacts with women, such as during pregnancy and postpartum, pap test and health promotion activities

with women and young people, to improve their knowledge and awareness concerning their reproductive life.

As to the last project component, which is under the scientific responsibility of the Tuscany Region (Department of Health), information strategies, such as campaigns and peer to peer communication, are promoted in collaboration with public family care centres and involving migrant communities. Multilingual pamphlets on health services access and contraception are prepared and distributed.

## **Results**

The project is in its second year and will finish in December 2012. At present, ten out of twenty-one Italian Regions participate (Campania, Emilia-Romagna, Friuli Venetia Giulia, Piedmont, Puglia, Sicily, Tuscany, Umbria, Veneto and Province of Trento), with the active involvement of more than 30 Local Health Units (LHU) and 9 Hospital Trusts (HT).

The analysis of the training needs of the health workers has been conducted. With the help of semi-structured interviews to the professional involved and a participant observation, it was possible to get a firsthand look on how the relationships of migrant women with health services evolves. The semi-structured interviews were analyzed later with the help of the software *Caqdas*. Additional data came from a group of health workers with a long experience that pointed out the training needs required to improve how the health system relates to migrant women. In order to find out the best training practices, the analysis focused on recognized training proposals for both its content and methods and showed few training experiences in the project areas. The scientific literature review was carried out using all the different themes involved in the project at the same time, such as migrant women, prevention, education, communication, reproductive health.

As to the project component focusing on accessibility and usability of health services, a situation analysis was carried out through bibliography review, analysis of local policies and data gathering from health services on existing practices. Then meetings at regional level have been organised in order to share proposals of the interventions to be implemented within health services and to discuss their feasibility. Since primary prevention of abortion - and not only of repeated ones - is pursued, these interventions aim not only to improve the care for abortion within health services, but also to introduce or strengthen counselling on responsible reproduction and contraception when migrant women contact health services for other reasons than abortion. Within the spectrum of the shared proposals, each LHU and HT involved have identified their own specific objectives and have planned activities to be tried out during a period of experimentation, which will last until September 2012. Specific tools have been elaborated and made available to health services in order to support them in implementing the planned activities and in gathering data that will be used to calculate indicators of process, output and outcomes useful for evaluating the interventions implemented.

As to the project component focusing on information, health services have been encouraged to contact migrant associations and communities and to involve them in the realisation of specific information campaigns. In particular different

models of campaigns were proposed to be carried out at local level, such as: peer to peer education with the involvement of migrant women and young people; presence of health workers at Italian language courses to offer actively information on the access to health services and the use of contraception; organisation of entertainments involving migrant communities, or participation in those directly organised by them, in order to spread information and distribute multilingual pamphlets on these issues. Meetings have been organised at regional level in order to share with representatives of health services different strategies and tools to implement the planned campaigns, thanks also to the support of a Tuscan migrant association, Nosotras, with experience in this field. Key tools, such as multilingual pamphlets, have been prepared in collaboration with health workers.

The main scientific societies dealing with reproductive health or migrant's health issues have been involved, in order to share objectives and strategies, as well as to collaborate in publicising results and indications to health practitioners.

## Conclusions

At the end of the project, a training package with a specific multimedia kit will be provided to the Regions involved for the cascade training implementation. Moreover, best practices on care offer and prevention interventions for abortion will be identified and promote among health services. Finally, specific experiences of migrant communities participation in informative campaigns and their successfully factors will be shared. All recommendations coming from the three project components will be spread among health services.

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