

What Can Trends in Prior Abortion Tell Us About Abortion Access in Victoria?

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Background:

Nearly half of all pregnancies worldwide are unintended, and many of these unintended pregnancies end in induced abortion. In Australia, estimates suggest induced abortion affects one in four women, however, there is a lack of quality data on trends and characteristics of women having them. This impedes public health responses to improve women's reproductive agency. We aimed to address this data gap by estimating the prevalence of a history of induced abortion among individuals giving birth in Victoria, and to describe changes in this prevalence by time and socio-demographic characteristics.

Methods:

Secondary analysis of cross-sectional population-based perinatal data comprising all women experiencing childbirth in Victoria, Australia years 2010 to 2019 (n=767,055). We undertook descriptive statistics, univariate and multivariable logistic regression analyses to estimate crude and adjusted Odds Ratios for associations between sociodemographic, maternal and reproductive characteristics, and a history of induced abortion.

Results:

One in ten first time mothers (10.9%), and 12.2% of all childbearing women in Victoria reported a history of induced abortion. Women in non-urban areas had lower adjusted odds of reporting a history of abortion when compared to women in metropolitan areas. However, over the 10-year period, the trend was increasing in non-urban areas, while declining in metropolitan areas. Most groups of overseas-born women had lower adjusted odds of a history of abortion, most notably those born in North Africa & the Middle East and South-East Asia. We identified higher adjusted odds among unpartnered women and those of Aboriginal or Torres Strait Islander origin.

Conclusion:

The increasing trend in prevalence of induced abortion in non-metropolitan areas coincides with the introduction of medication abortion in Australia and may indicate improvements in access to abortion care. Disparities in abortion trends highlight a need to understand and address potential barriers to abortion access and uptake of contraception.