

ABSTRACT

Background and Objective: Improving maternal health and reducing maternal mortality is one of the United Nations Millennium Development Goals. Unintended pregnancies and induced abortions are associated with multiple negative consequences. Therefore, reducing unintended pregnancies and preventing maternal mortality related to induced abortions are integral components to achieving these United Nations goals. Lack of education and/or resources may lead to increased abortion rates in developing countries. The purpose of this study was to assess the abortion rate and trend among the refugee population resettling in Kentucky.

Methodology: This study is a secondary data analysis of the University of Louisville Refugee Health Database. Data were collected from six refugee health screening sites in Kentucky. Female refugees arriving in Kentucky from October 2012 through October 2014 were evaluated.

Results: A total of 674 refugee women from multiple nationalities were evaluated—66% of them had had an abortion. Cuban refugees accounted for the highest rate of abortion, 55%. For all other nationalities combined, the rate was 12%. Multiple abortions were seen in 32% of Cubans. 48% of Cuban females between 18 and 25 years of age had had an abortion.

Conclusion: Abortion rates among Cuban refugees is significantly higher than in other populations of refugees. Future research is imperative to decipher the etiology for this discrepancy among the Cuban refugee population. Appropriate family planning and reproductive health education with various contraceptive options needs to be implemented among the Cuban refugees.

INTRODUCTION

- The CDC defines abortion as an intervention performed by a licensed clinician that is intended to terminate an ongoing pregnancy.¹
- Unintended pregnancy is a major contributor to abortion and preventing unintended pregnancies has therefore become a component of the United Nations Millennium Development Goals.²
- Unintended pregnancy is associated with a myriad of negative health, economic, and psychosocial outcomes for women.²
- In 2011, the CDC reported around 730,322 abortions in the United States. The abortion rate was 13.9 abortions per 1000 women aged 15-44, with an abortion ratio of 219 abortions per 1000 live births.¹
- Women in their 20s accounted for the majority of abortions and had the highest abortion rates.¹
- According to the 2011 CDC report, non-Hispanic white women and non-Hispanic black women accounted for the largest percentage of abortions.¹
- About 18% of all pregnancies in the United States end in abortion.¹
- Abortion rates vary greatly across the world and are higher in some countries than others.
- In many countries, women have more pregnancies and children than they want and the time women spend to avoid unwanted pregnancies has increased in recent decades.²
- The worldwide rate of unintended pregnancy in 2012 was 53 per 1000 women aged 21-44.² The highest regional rates of abortion were in Africa and the lowest rates were in Europe.²
- Over the last decade, the global trend in abortion rates has remained stable.

OBJECTIVE

The objective of this study was to assess the abortion rate and trend among Kentucky refugees resettling in Louisville, Kentucky.

MATERIALS AND METHODS

This was a secondary data analysis of the University of Louisville Refugee Health Database. Data were collected from six refugee health screening sites in Kentucky. Female refugees arriving in Kentucky from October 2012 through October 2014 were evaluated. Data collected were entered into a research database (REDCap) and analyzed using SPSS and Tableau. The Chi-Squared test was used to assess statistical significance. P-values of <0.05 were considered statistically significant.

RESULTS

- A total of 674 refugee women from October 2012 to October 2014 who were resettled in Kentucky were evaluated.
- Among those evaluated, 365 were Cubans and 309 were other nationalities.
- Table 1** shows the prevalence of abortions comparing Cubans with all other nationalities. There was a significant difference between the abortion prevalence of Cubans and other nationalities (p<0.001).
- Figure 1** shows the prevalence of abortion by country of nationality among the refugee women resettled in Kentucky.
- Figure 2** shows the frequency of abortions comparing Cuban women with women of all other nationalities.
- Figure 3** shows the number of abortions comparing Cuban women with women of all other nationalities.
- Figure 4** shows the prevalence of abortion by age bracket among Cuban refugees resettled in Kentucky.
- Figure 5** shows birth control methods used by Cuban women between ages 18-44.

Table 1. Prevalence of abortions comparing Cuban women with all other nationalities

Nationality	No. of women with abortions	No. of women without abortions	Prevalence of abortion
Cuban	200	165	55%
All other Nationalities	36	273	12%

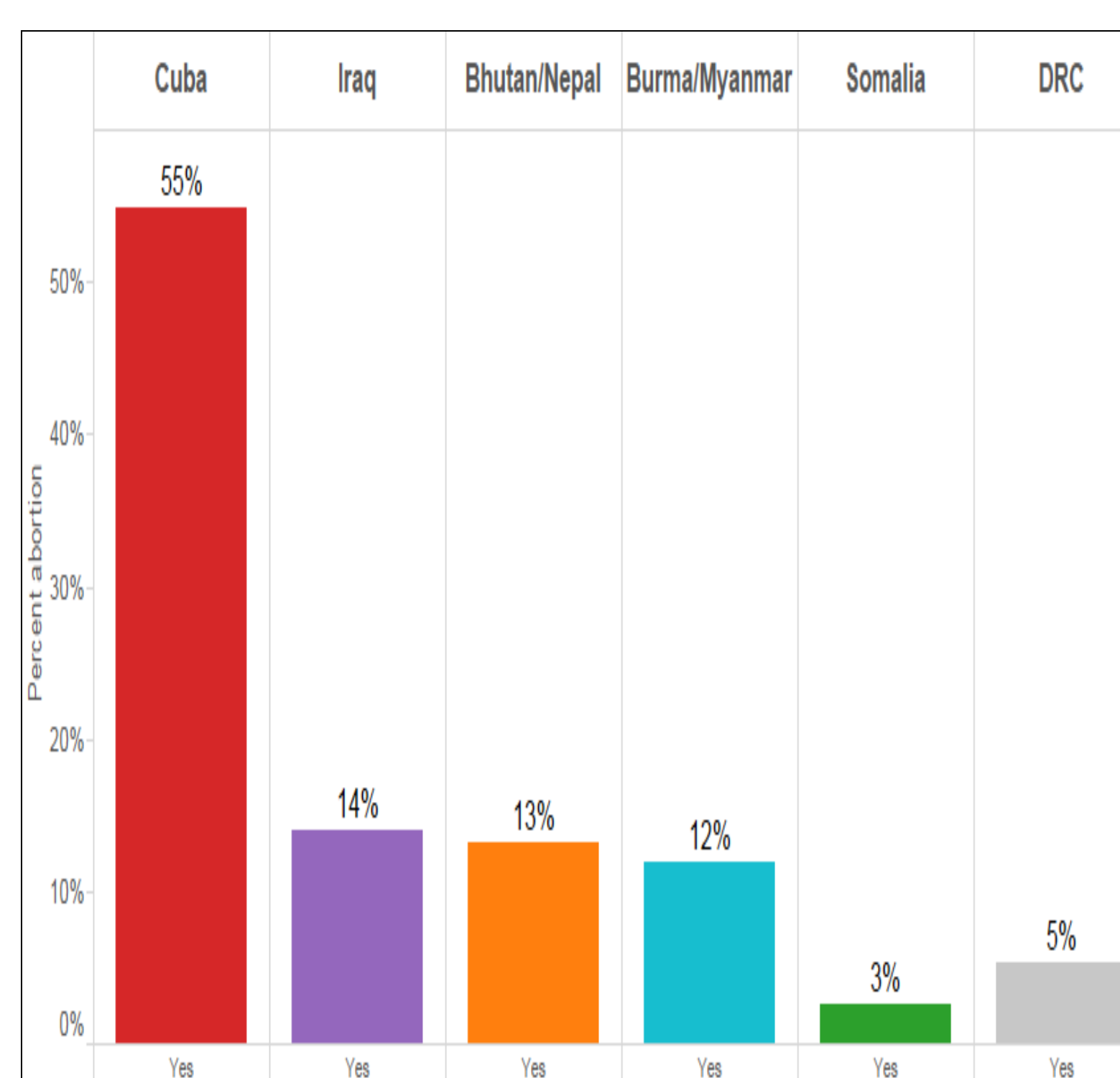


Figure 1. Prevalence of abortion by country of nationality among the refugee women resettled in Kentucky

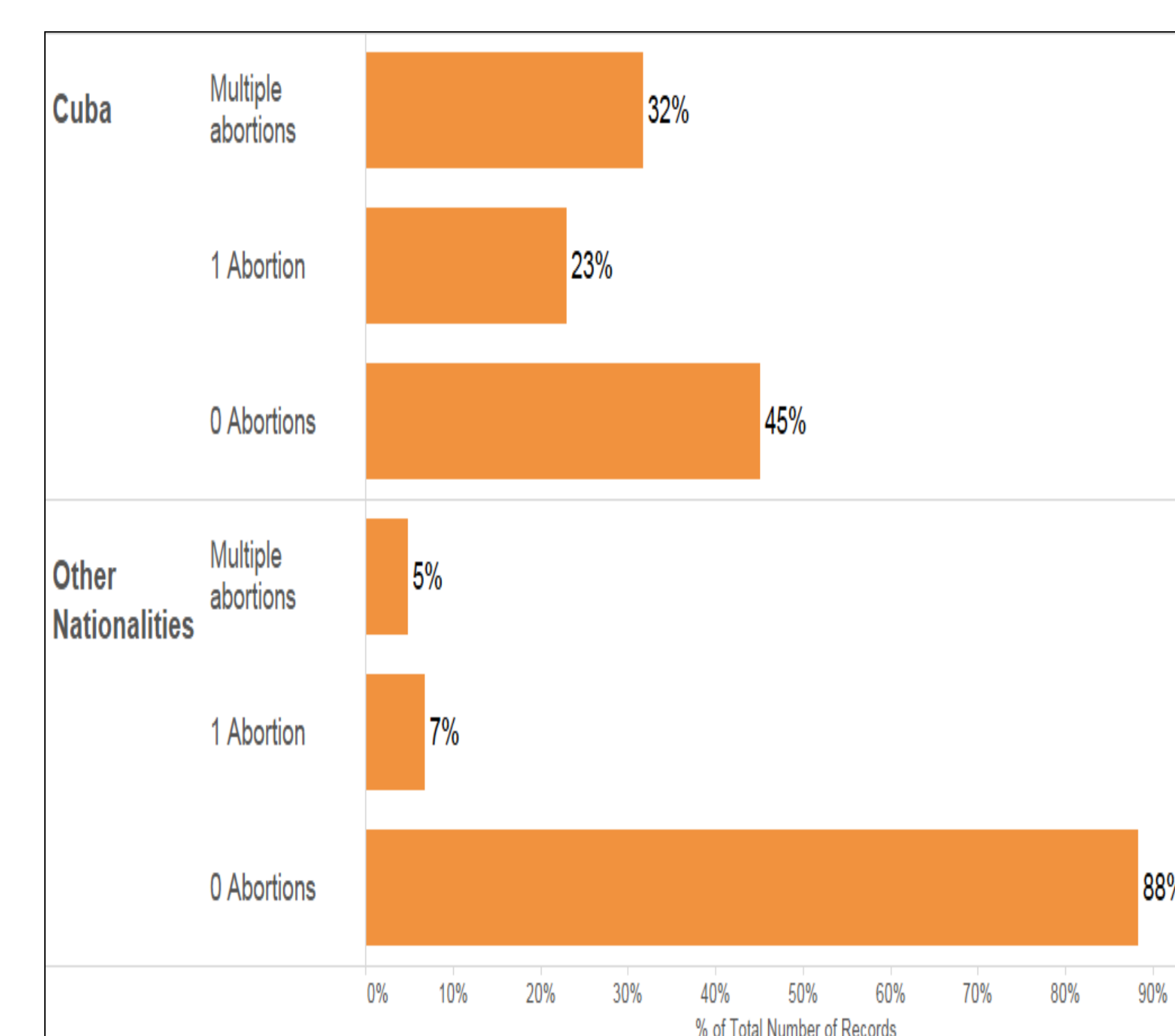


Figure 2. Frequency of abortions comparing Cuban women with women of all other nationalities

RESULTS, CONTINUED

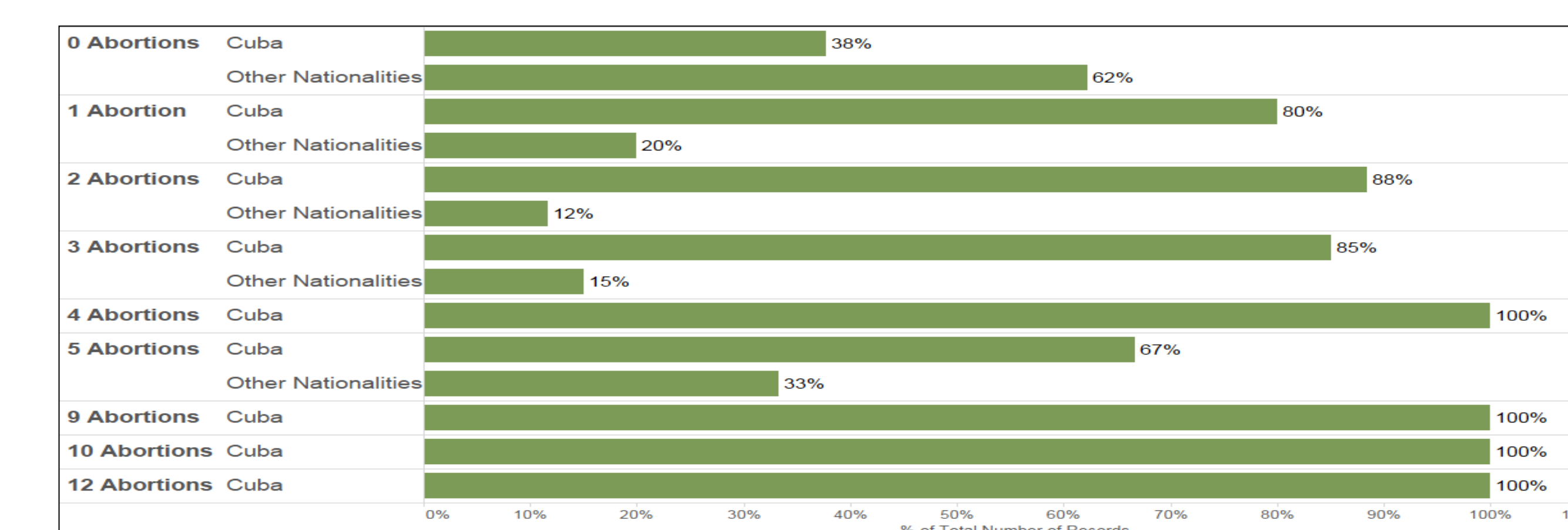


Figure 3. Number of abortions comparing Cuban women with women of all other nationalities

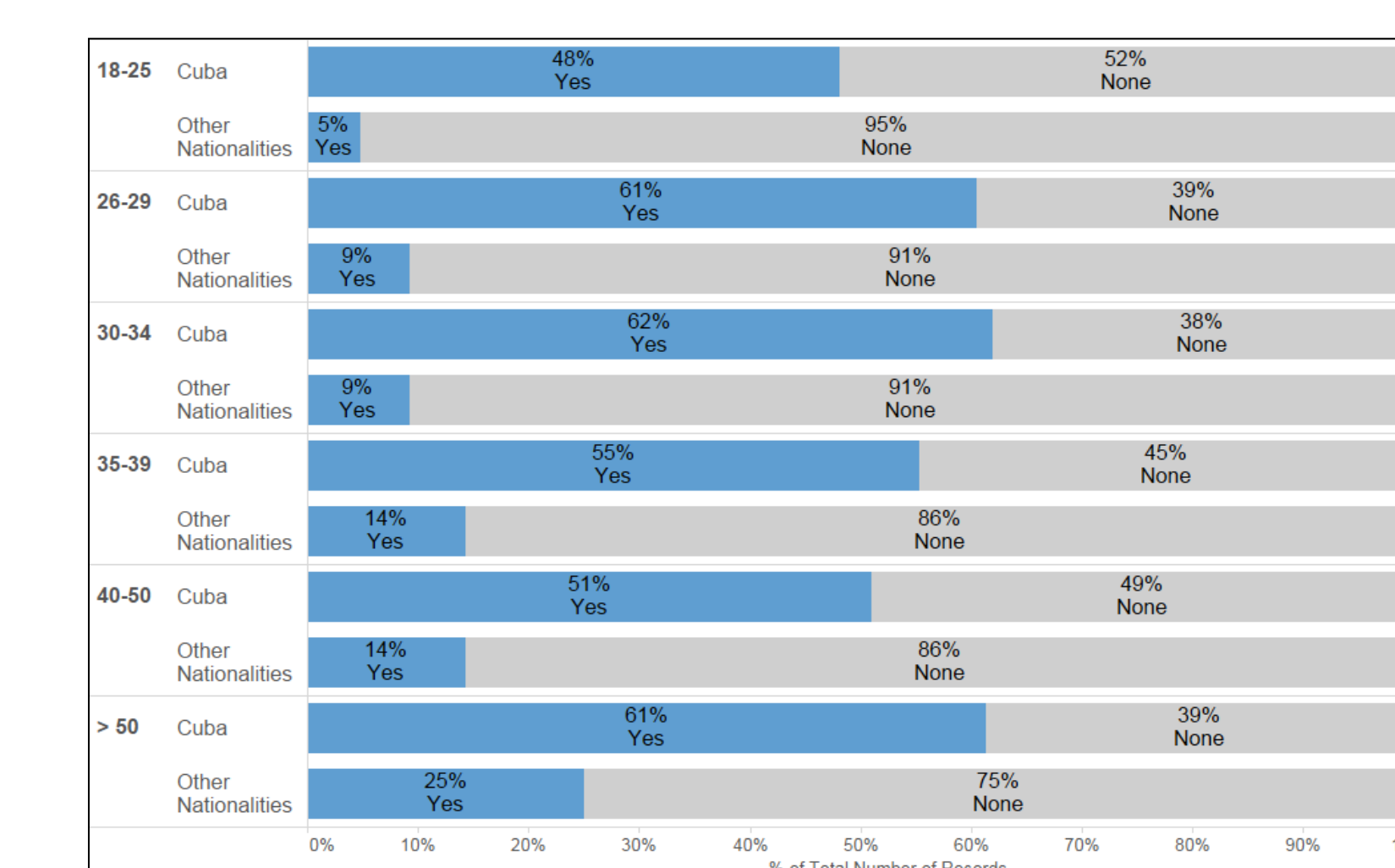


Figure 4. Prevalence of abortion by age bracket among Cuban refugees resettled in Kentucky

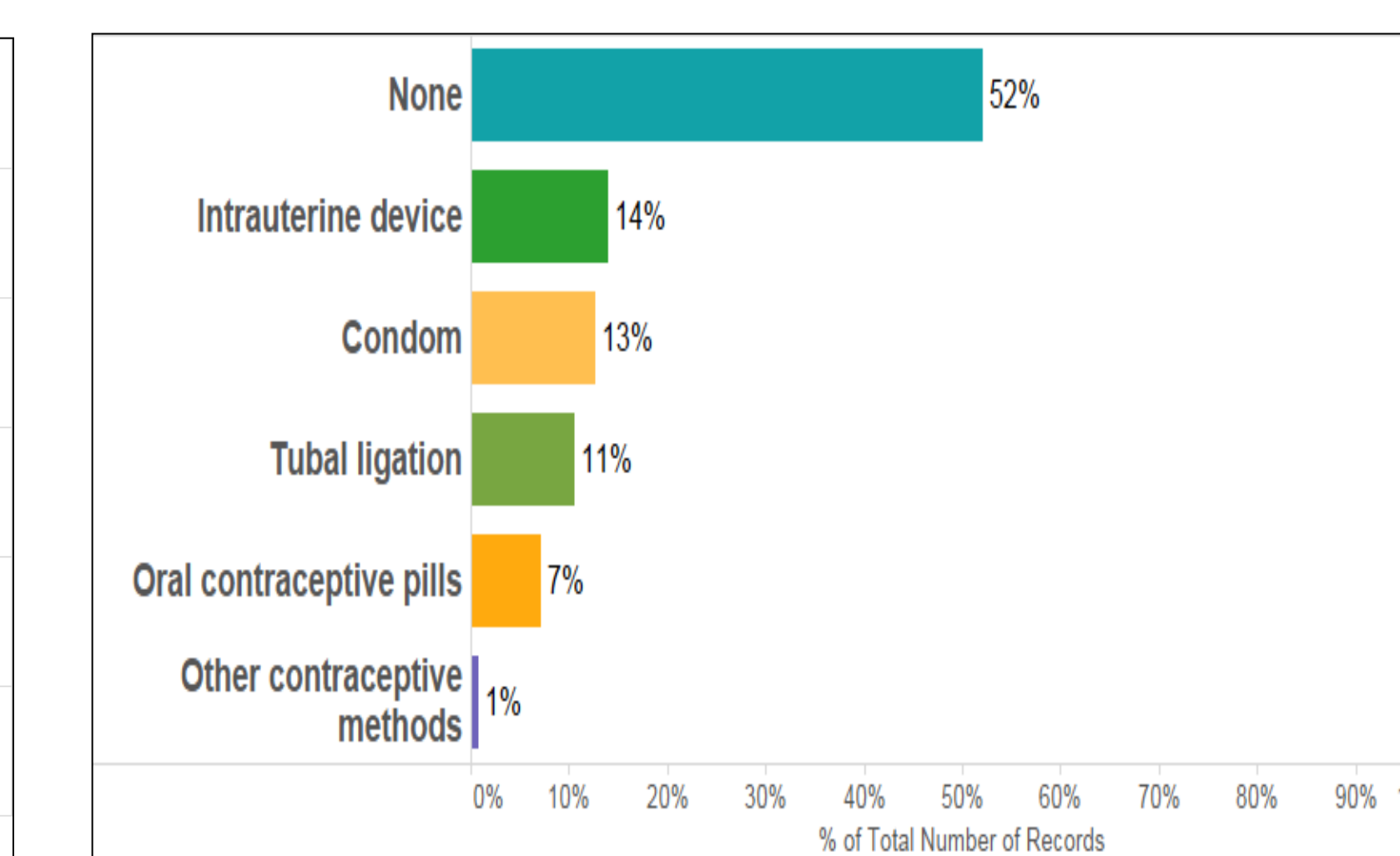


Figure 5. Birth control methods used by Cuban women between ages 18-44

CONCLUSION

The abortion rate among Cuban female refugees is significantly higher than the other populations of refugees entering Kentucky. Compared to the other nationalities, 55% of Cuban female refugees have had at least one or more abortions. Extrapolating from our data, this is approximately 548 abortions per 1000 Cuban women or a prevalence of 55%. This prevalence is significantly higher when compared to that of the United States where the prevalence of abortion was around 1.4%.¹ Our study also demonstrates that for a large percentage of Cuban females abortion was not a one time event. One Cuban woman reported having 12 abortions over her lifetime. This trend is likely the result of what has been described as the “everydayness of abortion” within Cuban society.³ Prior to 1938, abortion was illegal in Cuba. Once it became legalized, however, induced abortions were widely available. Furthermore, contraceptive availability was restricted to the most privileged groups in Cuban society, and abortion represented the principal means of regulating fertility for the masses.³ Contraceptive education was also not part of Cuba’s medical school curriculum for many years, which left the Cuban community without knowledge of options on matters of fertility control, further propagating the use of abortion as a birth control method.³ The synergy of history and lack of knowledge has created not only within the Cuban community but also the medical community at large a view of abortion as a “mere menstrual regulation.”⁴ Menstrual regulation is a practice in Cuba where all women whose expected menstruation is late by two weeks are offered a microaspiration. One Cuban doctor reports, “We perform 700 regulations for every 5000 fertile women.”⁴ This rift of knowledge has to be bridged. Appropriate sexual and reproductive health education and various contraceptive options need to be implemented among our Cuban refugees to prevent the use of abortion as a routine means of birth control. This is essential to improve maternal health and make progress toward the goal of reducing unintended pregnancies through appropriate family planning methods.

REFERENCES

- Karen P, Andreea A, Kim B, Denise J. Abortion Surveillance 2011. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC. 2014 63(ss11); 1-41.
- Gilda S, Susheela S, Rubina H. Intended and unintended Pregnancies Worldwide in 2012 and Recent Trends. Studies in Family Planning 2014 45, 3:301-314.
- Daniele B, Andrea F. The Persistence of Induced Abortion in Cuba: Exploring the notion of an Abortion Culture. Studies in Family Planning 2009 40, 1:13-26.
- Veeken H. Cuba: plenty of care, few condoms, no corruption. BMJ 1995; 311; 935.