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Increasing abortion-related hospitalisation rates among adolescents in Mexico

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Introduction: In Mexico, abortion-related mortality caused 7.2% of all maternal deaths in the last two decades. Incidence of induced abortion is difficult to estimate where this event is legally restricted, as in Mexico. Only in Mexico City, a legal reform in 2007 legalised abortion on women's request, in the rest of the country abortion is only allowed for specific indications (rape, danger for women's life and health, and severe fetal malformations). An important source of all abortion-related events is aggregated hospital discharge data from national health information systems that use the International Classification of Diseases (ICD). Particular attention must be given to specific age groups: in Mexico, adolescents unmet contraceptive needs is one out of four 15 to 19-year-olds, compared with one out of ten 15 to 49-year-old women.

Objective: To identify numbers and rates of hospitalisations due to all abortion-related causes, among Mexican adolescents 10 to 19 years of age, between the years 2000 and 2010 and different age-groups.

Methods: We analysed MoH hospitalisations. The following codes from the International Classification of Diseases were included as abortion-related causes: O00-O08 plus Z303 (legally-induced abortions). We analysed absolute numbers (Abortion-Related Hospitalisations: AH) and rates (Abortion-Related Hospitalisation Rates: AHR) among 10 to 19-year-old adolescents.

Results: In terms of AH, 1,096,269 hospitalisations between 2000 and 2010 were registered due to all-abortion causes. Of those, 11,183 events were among 10 to 14-year-olds and 239,747 were in 15 to 19-year-old adolescents. Hospitalisations among adolescents (10 to 19 y) accounted for 22.8% of all AH: 1% was among the youngest adolescents (10 to 14 y). Absolute numbers of AH increased year by year, and the observed yearly percentage increase was highest among 10 to 14 y adolescents: 7.6% vs. 6.4% in 15 to 19 y teens. In terms of rates, mean AHR was 0.33 per 1000 girls 10 to 14 y, and 7.43 per 1000 adolescents 15 to 19 y during the period. Abortion hospitalisation rates showed an increase among all adolescents, from 0.2 to 0.53 per 1000 girls 10 to 14 y, and from 6.1 to 9.53 per 1000 teens 15 to 19 y in 2000 and 2010 respectively.

Conclusions: Very young age-groups are not traditionally included in health surveys in most countries, making these adolescents mostly 'invisible'. Disaggregated hospitalisation data analysis allows identifying new tendencies in sexual and reproductive behaviours and needs among these very young teens. These data strongly suggest increasing unmet needs in terms of contraception among young teens in Mexico, and mandate prompt interventions in terms of sexual education and access to contraceptive services.