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Only 10% of teenagers are aware of the existence of family planning, sexual and reproductive public clinics.

I'm a gynaecologist and specialist in community medicine. In September 2018 I retired from the National Health Service after 38 years of work in Family Planning Services in Umbria, central Italy. I currently work as a volunteer, assisting migrant women. I also practise at Ascoli Hospital on behalf of NGO Italian Association for Demographic Education (AIED) in order to ensure women the right to abortion, as in Ascoli Hospital all public service gynaecologists are conscientious objectors.

Who provides contraception in Italy – what is the role of family doctors/GPs, midwives, nurses... besides gynaecologists?

- All doctors are allowed to prescribe oral contraceptives. Only gynaecologists are allowed to insert IUCs, but most specialty schools and university hospitals (not only Catholic hospitals) do not provide teaching and training on intrauterine contraception, so newly specialised gynaecologists often do not master the procedure. Some gynaecologists refuse to insert IUCs claiming they are abortifacients. Also, IUC insertion is considered a surgical procedure, so to perform it you need a quite expensive insurance cover for eventual legal troubles.
- Nurses and midwives are only allowed to provide counselling on contraception.
- GPs hardly prescribe the pill on their own. They usually send patients to gynaecologists or family planning clinics to get the prescription. Gynaecologists often tell women to stop taking the pill after one year to undergo medical tests.
- Midwives are allowed to instruct women how to insert a diaphragm. But not all midwives are trained for that.

Does specialist education in Italy include education on human sexuality and sexual and reproductive rights as well as contraception?

Rarely specialists are trained in counselling on contraception or human sexuality. Training for this is not mandatory. Some scientific societies take care of that.

What about the situation of refugees and their reproductive health needs, services, contraception?

Italian law states that any foreign citizen resident in Italy has the right to access the National Health Service as any Italian citizen. Before June 2018, usually NGO's workers took refugees to GPs, hospitals and family planning clinics helping them as cultural mediators and paid for IUCs and pills. Afterwards, the Government cut economic support for NGOs, so now there are no more cultural mediators to help refugees with health services. Moreover, in May 2019 Salvini's Security Decree stated that migrants waiting for recognition of refugee status (it takes 1-2 years) cannot register as residents, hence they have no right to access GPs, hospitals or family planning clinics.

Unwanted pregnancies are very common among refugees. Many women are pregnant when they arrive in Italy from Libyan jails. Many begin also wanted pregnancies while in Italy. Medical assistance in pregnancy is free for every woman in Italy, even for women waiting for recognition of refugee status. There is a high prevalence of women with type 1 and 2 female genital mutilations among migrants, particularly among girls coming from Nigeria and Central Africa. We need more doctors able to recognise FGM and certify it in order to get protection and humanitarian asylum as prescribed by the Istanbul Convention.

Is contraception/relevant services accessible for young people? School sexuality education comprehensive and mandatory?

Only 10% of teen agers are aware of the existence of family planning, sexual and reproductive public clinics and only 5% of them visit the clinics. Some of the clinics hold special days and opening times for young people, but in general there is poor information about where the clinics are and their opening times. Teenagers avoid them because they are afraid to be judged by adults and because they don't know counselling and visits are free.

Since 2016 adults do not need prescription to buy emergency pills. Prescription is mandatory for under 18 girls.

In Italy there isn't any official government website with clear information about contraception. There isn't any mandatory sex educational programme in schools. It's each teacher's call whether to address the issue or not. Many would even skip over chapters about sexual anatomy in schoolbooks, claiming the students would make a joke of it.

What would you consider as useful steps in the future to further improve reproductive health and access to contraceptive methods in Italy (your region)?

FIRST: to apply the law that states free contraceptives for all men and women all over the Country. To make female condom more available to prevent STIs.

SECOND: to train GPs on Medical Eligibility Criteria for contraceptive use. To train gynaecologists on medical and surgical abortion, contraception counselling, and IUC insertion. Gynaecologists should undergo a training period in family planning clinics.

THIRD: to allow midwives to insert IUCs and to prescribe oral contraceptives according to MEC criteria.

FOURTH: to provide family planning clinics trained doctors, midwives, social workers, and resources they need to achieve all required tasks.

Which new articles / publications / research would be of interest to the ESC members?

- Contraception Atlas of Europe: www.contraceptioninfo.eu/node/7
- Arisi E., Bruni V., Di Spiezio Sardo A., Dubini V., Gubbini G., Parazzini F., "Italian guidelines on the effective and appropriate use of intrauterine contraception", *It.J.Gynaecol.Obstet.*, 26, 4, 7-20, 2014 (www.italianjog.com).
- Arisi E., "Contraccezione di emergenza- Una linea guida per la fornitura di servizi in Europa", European Consortium for Emergency Contraception, prima pubblicazione inglese in dicembre 2013, prima pubblicazione della edizione italiana in febbraio 2015 (Traduzione italiana di Emilio Arisi); www.ec-ec.org/wp-content/uploads/2015/03/Contraccezione-di-emergenza-FINAL-Feb-2015.pdf (www.ec-ec.org/resources/publications/)
- Gruppo TRAIN, Bruni V. *, Bastianelli C., Bianchi S., Capobianco G., Cicinelli E., Farris M., Russo N. ; Di Spiezio Sardo A. *, Bignardi T., Menditto A., Polo C., Stomati M., Von Wuster S. (*Coordinatore); Arisi E. *, Braekhus S., Dubini V., Gambera A., Gubbini G., Meriggiola M.C. (*Coordinatore), "Trasformare le raccomandazioni in azioni. Dichiarazioni di consenso da parte di esperti relative a: 1. I drivers e le barriere per un corretto uso dei sistemi intrauterini; 2. Il corretto counselling alle donne relativamente all'uso dei sistemi intrauterini;
- Aspetti pratici dell'inserimento del sistema intrauterino", *It.J.Gynecol. Obstet.*, 28, 3, 2016.

How is the situation of women in Italy today?

- **Health:**

Men and women have equal access to the National Health Service. More than 35% of Italian women are over 65 years old. Most common health issues among aged women are cancer and cardiovascular diseases. Women with cardiovascular diseases receive later diagnoses than men and risk undertreatment. Hormone Replacement Treatment for menopause is rare and expensive. Pelvic floor disorders are another common health issue among older women.
- **STIs and HIV:**

We have a good HIV national surveillance system, but we lack a reliable source of epidemiological data about other STIs. They come from dermatological clinics and mostly refer to men. We don't have data about chlamydia infection among women and there isn't any free chlamydia screening programme due to budgetary reasons. New HIV infections are rising among women. In last years, Ministry of Health devoted too little attention to educational campaigns. There is a problem of delay in seeking diagnosis that affects treatment and further spread of infection. Access to HIV blood test is free in all hospitals. Some family planning clinics and NGOs offer the saliva test during campaigns and public events.
- **Abortion:**

Law 194, approved in 1978, legalised abortion in Italy on woman request, under a number of circumstances, with a 12-week limit. Self-induced abortion is not allowed and the woman can be pursued and sentenced to pay a fine up to 10,000 Euros. Abortions later than 12 weeks are allowed only for medical reasons: malformations or maternal health risks. To access legal abortion, a woman needs a doctor to certify her decision and to date the pregnancy. Then she has to wait 1 week before going to the hospital to abort. Medical abortions make up only 16% of all abortions. Few hospitals provide RU486. Moreover, in most regions there is a 3-day mandatory hospitalisation until complete embryo expulsion. Emilia Romagna and Tuscany provide outpatient medical abortion services. Medical abortion is allowed only up to 7th week, a narrow time window that poses difficulties to many women. Obs & Gyn specialty schools (not only Catholic ones) do not provide training in surgical or medical abortion, so newly specialised gynaecologists lack knowledge of the matter and the few doctors performing abortion (only 20% not conscientious objectors) are mostly old and near to retirement. In many hospitals there are only conscientious objectors, so women resort to travel far from home, even abroad to find a doctor performing abortions. There is a steady decline in number of legal abortions in Italy. We have one of the lowest abortion rates in Europe.
- **Contraception:**

Laws approved in 1975 and 1978 state that contraceptives should be free, but only a few Regions recently started providing free contraceptives in family planning clinics. Puglia was the first region to start providing free contraceptives to all women in 2014. Then came Emilia Romagna in 2017 to specific groups (young people, unemployed, economically disadvantaged women). Then came Piemonte, Tuscany, Marche and Lazio. Contraceptives in Italy are the most expensive in Europe and the cost is too high for most of the population. Except for those few Regions, there is no refund by the National Health Service since July 2017.
- **Reproductive health:**

The average age of first-time mothers in Italy is 32. That's a big demographic challenge. Almost 10% of babies are born through medically assisted reproduction. Infertility is not rare among women over 35 years. I think we shouldn't look for a medical solution, but a social one. Only 45% of women are employed. Most jobs are precarious and they do not provide security to start a family. Migrants are 10% of the total population and they account for 20% of babies. Italian population declined steadily in last 5 years: in 2018 we had 9,000 babies less than in 2017.
- **Cervical cancer:**

All Italian regions have free screening programmes for cervical and breast cancer. Family planning clinics call every woman from age 25 to 65 to undergo a smear test every 3 years. Many regions offer HPV DNA test to women over 35 years. If positive, they call the woman every year and offer a free colposcopy. If negative, they call the woman again 5 years later. Since 2012 HPV vaccination is free for every girl aged 12, since 2017 it's free for boys too.
- **Population groups with specific needs:**
 - Women who suffer GENDER VIOLENCE. Every 2 days in Italy a woman is killed by her partner or ex-partner. That is the second highest cause of death in young women. Violence is a significant problem even in pregnancy. 25% of women experience some kind of violence in pregnancy, when they are more vulnerable. Family planning clinics should care for this problem. Health practitioners should be trained to recognise and help these women even if they often deny the violence.
 - LGBTQ groups ask for more attention to their needs.
 - Older population is steadily growing, so is the problem of incontinence. Midwives in family planning clinics should be able to treat pelvic floor disorders.

It was very interesting for me to be an ESC board member since the Basel Congress in 2016. I learned a lot about new contraceptive methods and I brought them home to many Italian congresses. I spoke in Milan at the Annual Congress of LAIGA (Free Association of Italian Gynaecologists for the application of law 194), then I spoke about green contraception in Rome at the Annual Congress of SIGO (Italian Society of Gynaecologists and Obstetrics), then in Modena, in Enna and Florence.

It was also very interesting to meet doctors and other health professionals working in the field of reproductive health. I especially liked the **open mind view** on woman health and contraception that I found in the Board.

Next ESC Congress title "Cultural and Ethnic diversity in a changing world – Let the conversation begin" well explains the attitude to understand what is changing in our countries and populations, to accept new technologies without being too conditioned, to listen to different voices coming from changing society. That is really a big deal!

To be involved in the organisation of this Congress has been really challenging. I hope to be able to bring my experience, my female view and the Italian touch and eye for beauty and humanism.