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(aOR: 0.61, 95% CI: 0.50; 0.73) and find it easier to communicate with their girl-or boyfriend (aOR: 1.91, 95% CI: 1.39; 2.61) than sexually non-active adolescents who support less gender equality. Corresponding results were found for boys and girls.

Conclusions: We found that attitudes towards gender equality are positive correlated with the sexual behaviour, the sexual experiences and the communication of sexually active and not sexually active adolescent boys and girls. Our results suggest that gender equality attitudes have a positive impact on adolescents´ sexual and reproductive health and wellbeing. Further research will be necessary to better understand the relationship between gender attitudes and specific sexual and reproductive health outcomes such as unwanted teenage pregnancies and sexual pleasure among adolescents worldwide.

FC04.3

Time-trends in pregnancy: Findings from Portugal

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Objective: To examine trends in pregnancy and abortion rates observed in Portugal in the last decade.

Method: We abstracted all delivery and abortion related-admissions to Portuguese public hospitals (2000–2010) using a nationwide inpatient database (corresponding to nearly 96% of all deliveries). We computed age-specific pregnancy and termination of pregnancy rates (all and induced abortion) considering the age groups <15, 15–19, 20–34, 35–39 and >39 years, using national population estimates as denominator. Joinpoint regression was used to estimate average annual percent change (AAPC) in rates and to identify points in time when significant changes in trend occurred.

Results: Youngest teenager pregnancy rates (<15 yrs.) decreased significantly from 0.6 to 0.3 per 1000 women (AAPC = -4.9%; $p = 0.01$) with a non-significant decrease in abortion rates (AAPC = -4.1%; $p = 0.100$). Pregnancy and abortion rates per 1000 15–19 year old girls, showed no significant variation up to 2003 (AAPC = -1.8%; $p = 0.071$ for pregnancy and AAPC = 2.5%; $p = 0.449$ for abortion). Then, a significant decrease was observed either in pregnancy (from 20.1 to 14.6; AAPC = -5.2%; $p < 0.001$) and in abortion rates (from 2.5 to 1.5; AAPC = -8.2%; $p < 0.001$). Pregnancy rates per 1000 women aged 20–34 decreased from 78.1 to 66.5. It corresponded to a significant decline up to 2004 (AAPC = -3.1%; $p = 0.020$) but a stable course onwards (AAPC = -0.6%; $p = 0.389$). Abortion rates in this age group steadily decreased from 7.7 to 5.5 per 1000 women (AAPC = -3.24%; $p < 0.001$). In contrast, there was a significant increase in pregnancy rates from 32.3 to 37.5 per 1000 women aged 35–39 (AAPC = 1.54; $p < 0.001$) and from 2.9 to 3.2 per 1000 women aged 40 or more (AAPC = 1.21; $p = 0.001$). Abortion rates per 1000 women aged 35–39 showed an inflexion point such that up to 2005 there was no significant annual change (AAPC = 1.5; $p = 0.239$), while from 2005 onwards this rate decreased significantly from 5.7 to 4.6 (AAPC = -4.3; $p = 0.011$). Among women aged 40 or more, abortion rates steadily decreased from 0.9 to 0.7 (AAPC = -4.3; $p = 0.011$). Along this time-period, induced abortion rates showed no significant changes in all age groups.

Conclusions: Pregnancy rates showed downward trend among adolescent girls but an upward trend among older women. Still, no considerable changes occurred in induced abortion rates. Our results suggest the influence of family planning and also the postponement of pregnancy to older ages. There is evidence of increasing trend in planned pregnancy.

FC04.4

Barriers and facilitators in the provision of post-abortion care at district level in central Uganda – A qualitative study focusing on task sharing between physicians and midwives

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