These results tend to emphasize the preventive role of health professionals to promote informed reproductive decisions. They also seem to highlight the importance of couple-centered interventions focused on reproductive risks, life styles and reproductive health, in order to enhance couples' perception of control and facilitate emotional adjustment to pregnancy in advanced maternal age.

Keywords: pregnancy; advanced maternal age; knowledge on specific reproductive risks; couple-focused; mental health; prevention

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PREVIOUS REPRODUCTIVE HEALTH AND ITS IMPACT ON COUPLES' EMOTIONAL ADJUSTMENT TO PREGNANCY IN ADVANCED MATERNAL AGE: AN EXPLORATORY STUDY
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Postponement of first child birth has been a growing trend in economically developed countries (OCDE, 2011). This decision has been commonly described as a result of women's perceptions of psychological readiness and professional, financial and marital stability (Cooke, Mills, & Lavender, 2012). Nevertheless, little is known about the previous reproductive health of primipara women aged of 35 or over and its impact on couples' adjustment to pregnancy. This exploratory study aimed to characterize the previous reproductive health of primipara women who experienced pregnancy in advanced maternal age (35 years or over). It also aimed to evaluate its impact on couples' emotional adjustment during the third trimester of pregnancy. 

The sample was constituted by 42 couples, who were recruited in the Genetic and Human Reproductive Service of the Hospitais da Universidade de Coimbra, EPE. Both couples' members completed a brief reproductive health questionnaire during the prenatal diagnosis routines as well as the Brief Symptom Inventory-18 (Derogatis, 2001; Canavarro, Nazaré, & Fonseca, 2008) during the third trimester of pregnancy. Most couples (61.3%) did not previously experience reproductive health problems. However, 16.1% of the couples experienced reproductive health problems in advanced maternal age, mainly related to obstetrical complications (miscarriage or ectopic pregnancy) in a previous pregnancies (14.9%); 4.8% of these couples had difficulties to conceive but only 3.2% underwent medical treatments. Moreover, 22.6% of the couples suffered reproductive health problems previously to advanced maternal age, mainly related to difficulties to conceive (19.4%); more (17.7%) of them underwent medical treatments. Women showed higher levels of psychopathological symptomatology comparatively to men (Pillai's Trace=0.26, F(1,30), p=0.03). Among women, previous reproductive health problems were related to marginally higher levels of psychopathological symptomatology; conversely, men who did not experience previous reproductive health problems reported marginally higher levels of psychopathological symptomatology (Pillai's Trace=0.20, F(1,30), p=0.08).

These results tend to emphasize the preventive role of health professionals to promote informed reproductive decisions. They also highlight the importance of couple-centered interventions that assess reproductive trajectories, in order to better understand emotional adjustment to pregnancy in advanced maternal age and to prepare clinical interventions focused on couples' specific needs.

Keywords: reproductive health; pregnancy; advanced maternal age; couple-focused; mental health; prevention

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"IT'S NOT THAT I DON'T WANT (BABY) ...I'VE NO CHOICE BUT TO ABORT": MALAYSIAN WOMEN'S RIGHT AND ACCESS TO CONTRACEPTION AND LEGAL ABORTION AMIDST CULTURAL BIAS
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Despite provision of contraception services for the past 40 years, contraceptive prevalence is stagnating at 51%, unmet need is 25% and unintended pregnancies among young unmarried women is rising in Malaysia. Abortion surveillance and database is lacking though there was liberalization of abortion law in 1989. This paper presents findings of a qualitative study on women's abortion experiences to assess fulfilment of their rights and access to reproductive health. In-depth interviews were conducted with purposive sample of 31 abortion seekers of diverse ethnicity. Women's age ranged from 21-43 years. Majority were married and working but earning low income. Pregnancies averaged at 4, each woman had an average of 2 children, and 2 abortions. Financial difficulties in raising children were main reason to abort though they perceived that abortion is religiously unacceptable. Other reasons included inability to cope with yet another baby as the last child was too young; had completed family; or could not have a child out of wedlock. Many were unsure of the abortion law but tended to perceive that it is illegal. Majority had difficulty accessing abortion information and services because of its clandestine nature as abortion is perceived to be illegal. They reported that public hospital staffs were judgemental, labeling abortion as 'wrong' and 'sinful'. Many women practised contraception but confined to 'non-modern' methods such as withdrawal and "calendar" method. Fear of side effects, lack of spousal cooperation, and misinformation about contraception were cited as reasons for non-adherence and contraception failures. Insights from women's experiences point to the following. Abortion though permitted by law but when restricted or rendered inaccessible violates women's right to sexual reproductive health. Cultural bias and ignorance of abortion must be eliminated so that Malaysian women can access safe, open and affordable abortion services. Contraception promotion must be comprehensive and effective to address the stagnated contraceptive prevalence and to prevent unintended pregnancies.

Keywords: gender, women's health, abortion, cultural bias, Malaysia

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