

## Executive Summary - Recent Trends in Abortion and Contraception in Twelve Countries

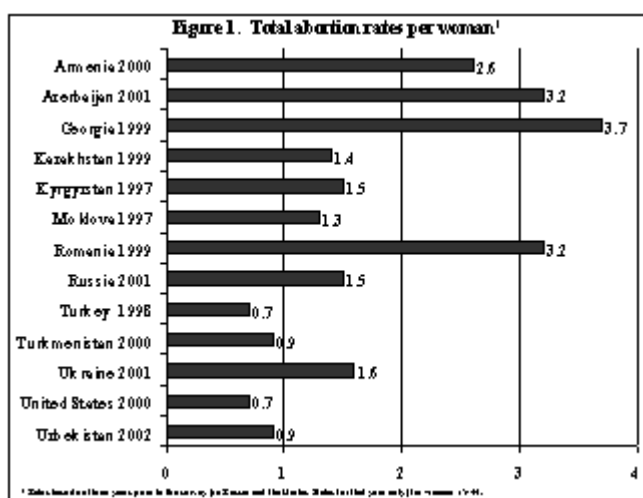
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This is a summary of the abortion and contraceptive experience in 12 countries in eastern Europe and in Central Asia, 10 of which had been republics in the former Soviet Union. This part of the world is of special interest because abortion had been a principal method of birth control for so many decades. The use of modern contraception was long delayed for various reasons including its cost, the low quality of domestically produced methods, the resistance of the medical profession, and the wide availability of abortion services in public facilities. This situation has been changing rapidly in most of these countries where modern contraception is increasingly prevalent and abortion rates are declining.

One result of the long dependence on abortion is that the practice does not have the same social stigma in these countries that it does in other parts of the world. Thus, the information collected on abortion in surveys is much more dependable. The data used for this study are based mostly on national probability sample surveys conducted by the Demographic and Health Surveys and by CDC, both supported for this work by the U.S. Agency for International Development. The study has been supported by grants from the Hewlett Foundation and the Gates Foundation.

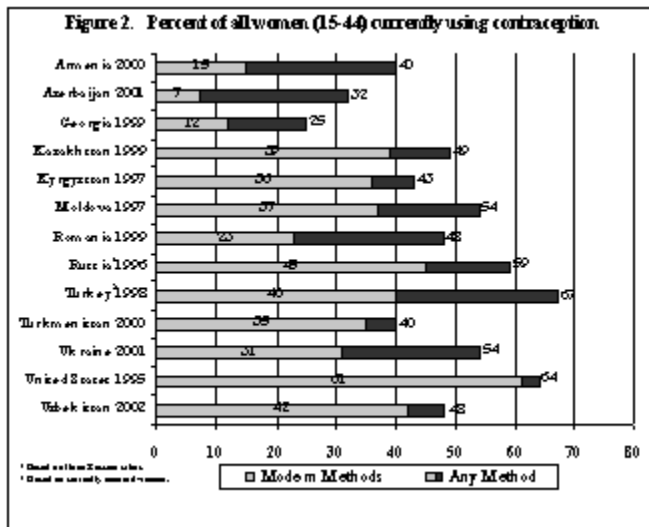
### Current Abortion Rates and Contraceptive Prevalence

The total abortion rates for these countries range from a low of 0.7 per woman in Turkey and the U.S (included here just for comparison) to a high of 3.7 in Georgia (Figure 1). This measure estimates the average total number of abortions that a woman would have if at each age she experienced the rates women are currently experiencing. The use of abortion in these countries is very different than in the West where most abortions are of first pregnancies of unmarried women. In contrast, the pattern at least in the Central Asian countries is the use of abortion by married women mainly for the limitation of fertility. There is little premarital sex and rarely are first pregnancies aborted.

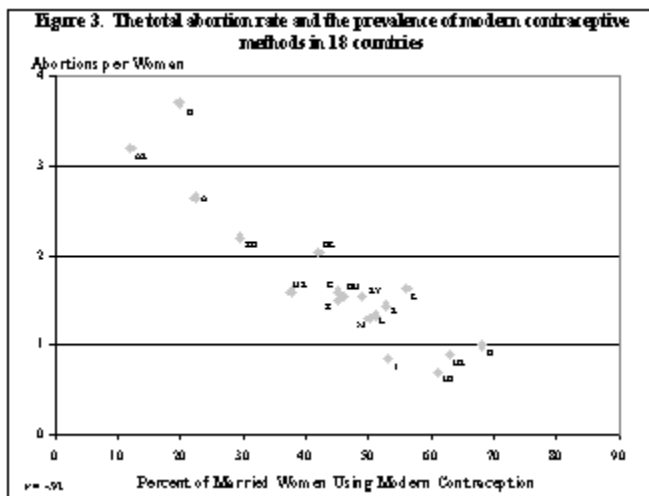


Contraceptive prevalence estimates (Figure 2) are divided into modern methods (mostly the IUD in these countries) and traditional methods (mostly withdrawal). The highest overall prevalence is for Turkey and the U.S. and the lowest prevalence is in

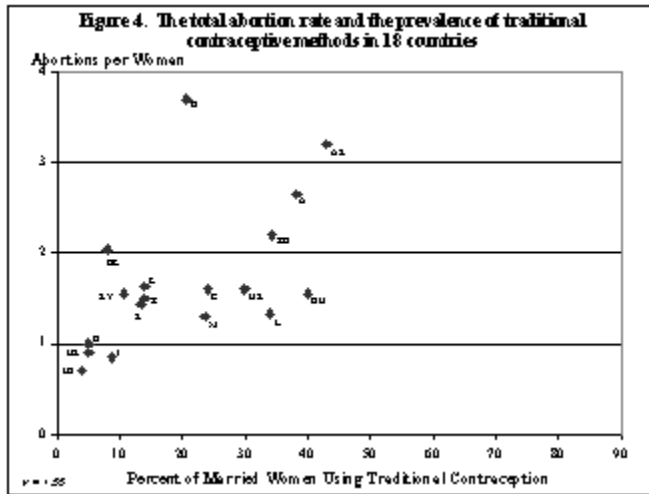
Georgia, just the reverse of the abortion pattern. Another pattern is that the countries with the greatest reliance on traditional methods are those with high abortion rates (Armenia, Azerbaijan, Romania) while those with predominant use of modern methods show low abortion rates (Turkmenistan, Uzbekistan as well as the United States).



This association is highlighted in Figures 3 and 4 for 18 countries (those included in Figures 1-2 plus several other countries in eastern Europe with reliable data). Figure 3 shows a very strong negative association between the percentage of married women using *modern* contraception and the abortion rate. The same analysis based on the proportion using *traditional* methods (Figure 4) results in a dramatic reversal of the direction of the association: the greater the use of traditional methods, the higher the abortion rates. The simple reason is that these methods have significantly higher failure rates that lead to more unintended pregnancies.



Georgia is the outlier especially in Figure 4. With the highest abortion rate in the group, one might expect a higher proportion using traditional (i.e. less effective) methods. The explanation is that Georgia has the highest proportion of women who do not want to become pregnant and who are not using any contraception which is the main source of abortions in that country.



### Recent Trends in Modern Contraceptive Use and Abortions

The eight countries in Figure 5 show the expected decreases in abortion rates with increases in the use of modern contraception. These trends, based on estimates for various years during the 1990s, show the increase or decrease as a percentage of their initial values set at 100. For example, in Moldova the prevalence of modern contraception increased by 41 percent between 1992 and 1997 while the abortion rate decreased to about half of its initial level. A similar pattern of change is evident in the other seven countries in this grouping, although the magnitude of the changes ranges from slight in Armenia to pronounced in Romania. (The decline of abortion in Armenia was also affected by a precipitous drop in the marriage rate).

The decline in the abortion rate in these countries is remarkable in light of very significant reductions in the number of children desired and in the total fertility rates. Over the ten-year span between 1985-1990 and 1995-2000 alone the total fertility rates dropped by an average of one-third to 2.0 births per woman and the number of children desired declined by 20 percent over the past generation. It seems highly likely that such a sharp decline in fertility in countries simultaneously experiencing a decline in the abortion rate is mainly the result of increased use of effective contraception. The number of children desired is a fundamental determinant of both the use of contraception and abortion; as family size targets get smaller, women are increasingly exposed to the risk of unwanted pregnancies.

[Click here for Figure 5 and 6](#)

Four of the 12 countries do not show this combination of increasing use of modern contraception and a declining abortion rate; in these countries abortion has either not changed or has increased (Figure 6). In Azerbaijan with one of the highest abortion rates, there has been virtually no change in modern contraceptive use (the actual prevalence changed from only 5 to 7 percent over the recent five-year period) while the abortion rate increased by 30 percent.

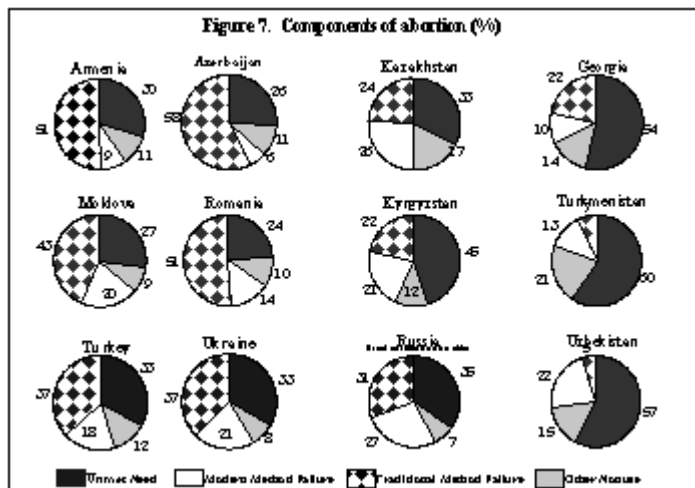
In Ukraine and Georgia, there has been little change in either contraceptive prevalence or in the abortion rate over the period 1994-1999. Both of these countries experienced increases in contraceptive failure rates (not shown here) for reasons that are not clear. The decline in the number of children desired probably plays a role.

These three countries are the opposite side of the coin, where modern contraceptive usage did not increase significantly and abortion rates did not decline. The evidence

in these three countries, along with that for the eight countries in Figure 5, support the generalization that if modern contraceptive use increases, abortion rates decline. The one anomaly is Turkmenistan where the abortion rate increased by 43 percent from 1995 to 1999 while modern contraceptive prevalence also increased, by 12 percent. One possible explanation is that the decline in the number of children desired has been more pronounced in Turkmenistan than in any of the other 11 countries reviewed here (from 4.6 to 2.6 over the generation).

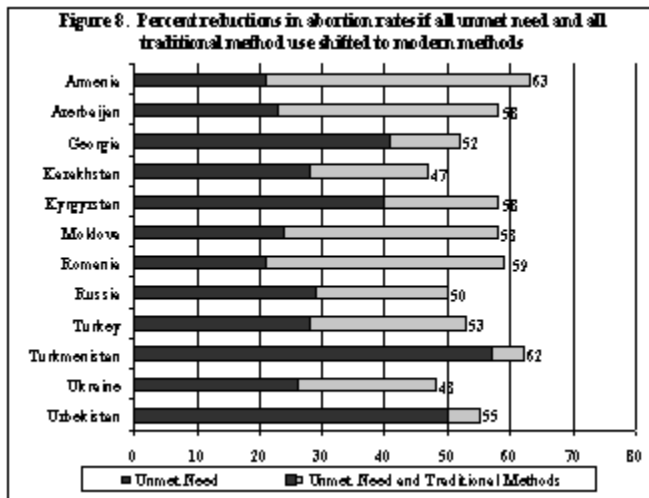
### Components of Abortion

The antecedents of abortion are contraceptive failure, nonuse of contraception by women who do not want to become pregnant (known as "unmet need"), and other nonuse. The relative importance of each of these components is shown for each country in Figure 7. Failures with traditional methods are the main source of abortions in three countries – Armenia, Azerbaijan, and Romania - while unmet need is the principal component in Georgia, Turkmenistan and Uzbekistan. These two components are more equally divided in the other six countries. This information is particularly useful for programmatic purposes. The contribution of failures with modern methods to abortion rates is by no means negligible in some of the countries; on average, about a quarter of abortions are accounted for by modern method failure in Kazakhstan, Kyrgyzstan, Ukraine, Uzbekistan and in the three Russian cities. The relative importance of these components reflects the combination of the proportions of women in each category, the associated pregnancy rates, and the propensity to have an abortion.



### Potential Further Reductions of Abortion

It is possible to simulate the reductions of abortion rates with various hypothetical changes in the components, for example, the reduction of unmet need or the shift from traditional to modern method use. It is also possible to estimate the increase in the abortion rate that might result from a reduced availability of modern methods of contraception and a shift to traditional methods. Many other assumptions could be introduced but in Figure 8 we show just one example. In this simulation, the assumption is that all observed unmet need and all traditional method use is shifted to modern method use. The implication of this assumption is that all women in these two categories would then have the same pregnancy and abortion rates that modern method users currently have while the pregnancy and abortion rates of other nonusers (women at low risk and those seeking pregnancy) would remain the same.



If women currently in the unmet need category (an average of 9 percent of all women in the 12 countries) were to shift to modern method use (the shaded part of the bar in Figure 8), the abortion rate would be reduced by an average of 32 percent. Alternatively, if the women using traditional methods (an average of 16 percent of women) were to switch to the use of modern methods (the unshaded segment of the bars), abortion rates could be reduced by 23 percent. If both of these changes were to occur, abortion rates would be 55 percent lower. Further reductions in abortion could be realized mainly by reductions in the failure rates of modern methods (by changes in the composition of different modern methods or improved methods).

One other scenario is the potential increase in abortion rates that might result from reductions in the support of family planning programs. To illustrate: suppose that half of the women currently using modern methods had to revert to traditional methods. The effect on the abortion rate would be mainly a function of the proportion currently using modern methods. In Armenia, Azerbaijan and Georgia where modern method use is low, the abortion rates would be increased only by around 5 percent but in Kazakhstan, Kyrgyzstan and Moldova with high use of modern methods, the increase could be considerable, averaging 40 percent. In the remaining countries, the increase in abortions would be around 20 percent.

### Attitudes Toward Abortion

Although abortion rates are declining in most of these countries, there remains a strong propensity to have an abortion in the event of an unintentional pregnancy. In eight of the surveys, women queried about their attitudes toward abortion as well as toward contraception reveal a strong preference for contraception. Nonetheless, when asked whether a woman should have an abortion if she were to become unintentionally pregnant, a clear majority indicates that this option would be selected. In the CDC surveys (Azerbaijan, Georgia, Moldova and Romania) that asked the question about women in general, an average of two-thirds of the women felt that she should have an abortion. In the DHS program, the question was put more directly to the woman and asked whether she herself would have an abortion if she became pregnant unintentionally. On average, nearly half of the women in Armenia, Kazakhstan, Kyrgyzstan and Turkmenistan responded that they personally would have an abortion. Thus, there appears to be a significant potential for abortion in these countries, a consideration that highlights the importance of the use of effective contraception. A major challenge in this connection is information: about

half of the women in these countries have never heard of female sterilization and a quarter have never even heard of the pill.

## **Conclusions**

Abortion rates are declining in most of these countries that experienced increases in the use of modern contraception. In a few countries where contraception did not increase significantly, abortion rates either did not change or increased. The use of traditional methods with their high failure rates is a major source of abortion in some countries while in others an unmet need for contraception is the primary source. As modern contraceptive prevalence continues to increase in the future, abortion rates can be expected to decline further. Nevertheless, abortion remains a viable option in these countries and there will be a continuing upward pressure on the abortion rate as the number of children desired declines.

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Note: This is a summary of the highlights of an ongoing study as of October, 2003. A full report with many more details will eventually be published. Thanks are due to Judie Miller and Paul Bern at Princeton University and to various groups that have heard this presentation at Princeton, AID, congressional briefings and UNFPA.

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