

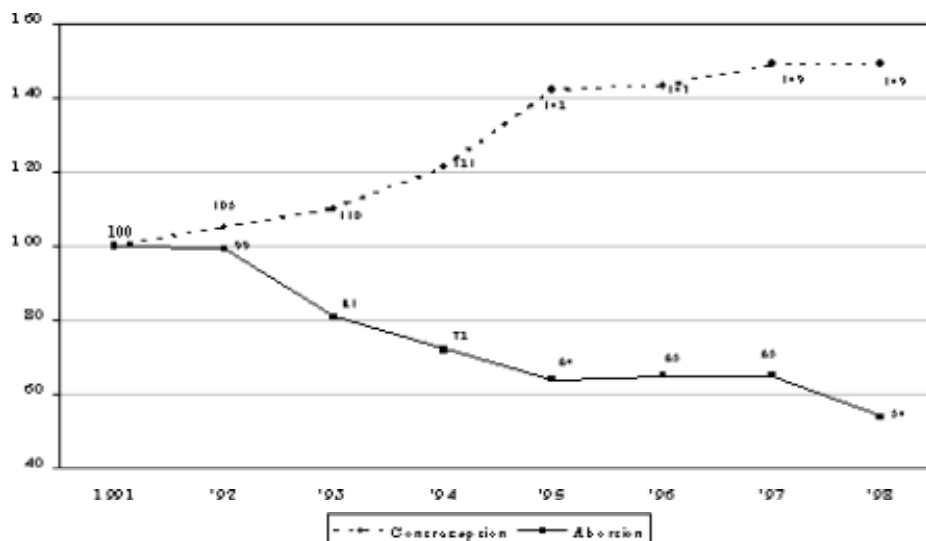
Executive Summary - The Substitution of Contraception for Abortion in Kazakhstan

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Recent trends in Kazakhstan again support the observation that contraception is replacing abortion. Historically, abortion was the principal method of birth control in the former Soviet Union. The reasons lay in the dissatisfaction with domestically produced condoms and IUDs, the critical attitudes of the medical establishment toward oral contraception, and the availability of free abortion services in government facilities. These obstacles to the use of contraception have now diminished in Russia and in many former republics of the Soviet Union. In Kazakhstan, an enormous country with a population of 15 million persons, the substitution of contraception for abortion has now been documented in two Demographic and Health Surveys conducted in 1995 and in 1999.

Recent Levels and Trends

Figure 1. Trends in abortion and contraception:
1991-1998*

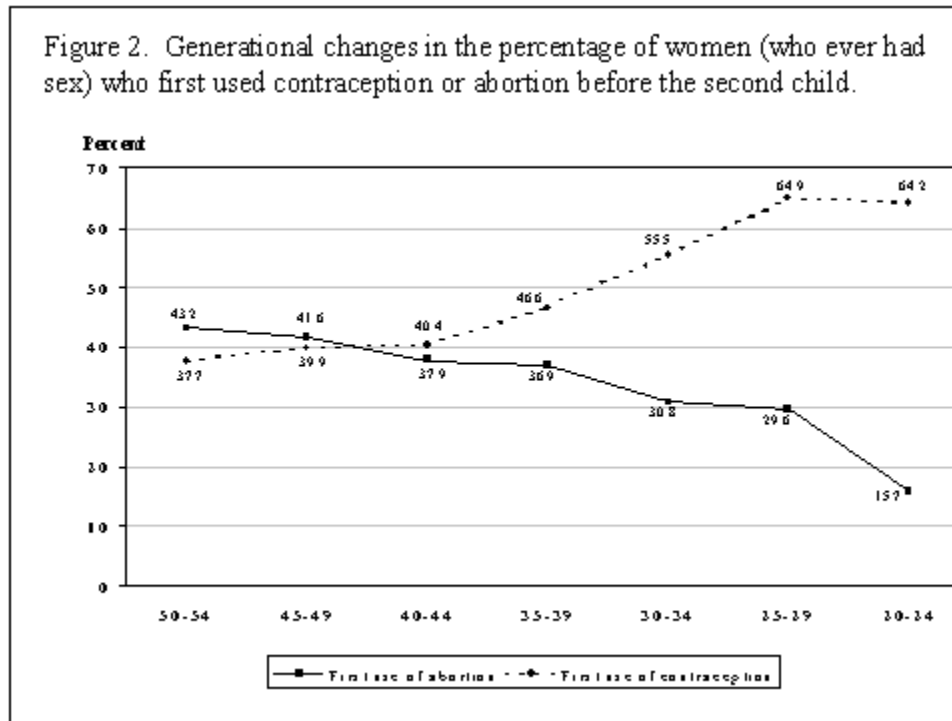


* Source: Ministry of Health from 1991-94 and DHS from 1995-98. Contraception includes IUD, pill, spermicide, and injectable.

The Total Abortion Rate (TAR) that measures the number of abortions a woman would have over her lifetime if current abortion rates at each age remain unchanged was 1.44 for the 1997-99 period in Kazakhstan. This is a decline from a TAR of 1.75 estimated in the earlier survey for the years 1993-95. At the same time, the proportion of married women using any method of contraception increased from 59 to 66 percent (modern methods increased from 46 to 54 percent). These trends over most of the decade are shown in Figure 1. There has been a *decrease* of close to 50% in the abortion rate between 1991 and 1998 with a parallel *increase* in contraceptive practice of the same magnitude. The data collected in these two surveys permit reconstructing the abortion rate back to 1975-79 when it was estimated to be between 3 to 4 abortions per women.

Another perspective on recent trends in the use of these two methods of fertility regulation is the generational changes in their first use before the birth of a second

child (Figure 2). Whereas 38% of women currently 50-54 years of age had first used a method of contraception before their second child, 64% of those now 20-24 had already begun contraceptive practice. In contrast, 43% of the oldest women reported having had an abortion before the event of the second birth compared with only 16% of the youngest women.



Although there has been a rapid increase in the use of contraception in Kazakhstan in recent years, especially in the use of modern methods, the method mix remains heavily concentrated on the IUD that continues to comprise around two-thirds of all contraceptive practice. Although other modern methods are slowly increasing in use, there is a clear lack of diversity in the kinds of methods used.

The Russian Influence

Ethnic Russians comprise roughly one-third of the population of Kazakhstan but there is a significant recent out-migration of this minority back to Russia. There is a sharp difference in the abortion rates of the Russians in Kazakhstan compared with the Kazakhs – a TAR of 1.75 compared with 1.06. In fact, virtually all of the decline in the abortion rate has occurred within the Russian minority – from a TAR of 2.74 four years earlier, while the Kazakh rate inched downward from 1.11. A statistical analysis of the likelihood of ever having had an abortion with numerous social and economic characteristics simultaneously examined indicates that this cultural Russian factor was only partly related to the religious difference with the Muslim Kazakh population. Both the Russian and Kazakh women increased their use of contraception in the four-year interval – the Russians from 65 to 70 percent and the Kazakhs from 53 to 64 percent.

Propensity to Have an Abortion

A cultural pattern of relying on abortion such as the Russian practice is only one of the factors determining the abortion rate. The primary determinant is the desired number and spacing of births. The fertility rate in Kazakhstan has dropped precipitously from an estimated 7.7 births per women in 1924 to 2.5 in 1992-1995 to

2.05 in 1996-99 and to a recent estimate of 1.7. Although this recent drop is beginning to alarm some in the country, it is remarkable evidence of the effects of contraceptive practice in light of the declining abortion rate. Only 12 percent of the married women in Kazakhstan say that they would like to have another child within the next two years. Two-thirds of women abort a pregnancy resulting from contraceptive failure (the annual failure rate in Kazakhstan is slightly over 6%).

The women in Kazakhstan were asked in the survey whether they would have an abortion if they became unintentionally pregnant sometime in the future. The most common response was negative (44 %) but 35% said yes and the remaining 21% were undecided.

Abortion in Kazakhstan is used equally for spacing and for limiting births. Unlike in the U.S. where most abortions are of first pregnancies among unmarried women, abortion in Kazakhstan is almost entirely within marriage and after the first birth.

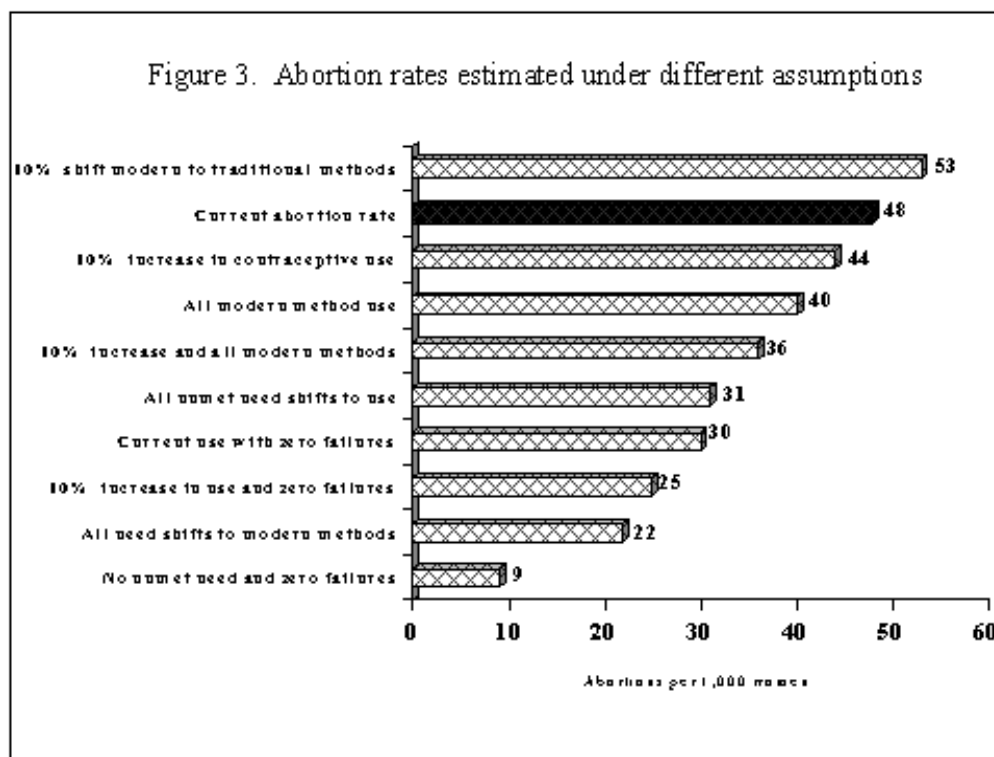
The Future of Abortion

The data collected in the surveys permit analyzing the relative contributions to the abortion rate of contraceptive failures, of nonusers with an unmet need for family planning, abortions of pregnancies resulting from the discontinuation of contraception, and from other types of nonuse. The analysis indicates that about 40% of abortions results from contraceptive failure and the remaining 60% from nonuse. One type of nonuse results from the discontinuation of contraception for a variety of reasons (excluding "to get pregnant") such as side effects, concerns about health and other reasons. About 20% of all abortions followed discontinuation of use that resulted in unintentional pregnancies. Some of these nonusers plus others are classified as having an unmet need for family planning because they wish to avoid further childbearing or want to delay the next birth. Although such women account for only 6% of the population, together they account for 42% of the abortions.

The annual contraceptive failure rate for the use of modern methods in Kazakhstan is estimated at 3.1%, which is considerably lower than for traditional methods, 16.6%. Thus, despite the fact that traditional method use comprises only 17% of all use, it accounts for half of all abortions to users.

In Figure 3, the potential for reducing the abortion rate is estimated under different assumptions about changes in the basic determinants. No changes are assumed in the proportion of women sexually active or in the propensity to abort an unintentional pregnancy. A simple 10% increase in contraceptive prevalence would lower the abortion rate from the current 48 to 44 abortions per 1,000 women. If all women currently using contraception were to use modern methods only, the abortion rate would drop to 40. If the combination were realized – a 10% increase in contraceptive prevalence with all women using only modern methods – the rate would be 36.

Figure 3. Abortion rates estimated under different assumptions



Some additional scenarios are illustrated in Figure 3. If all women with an unmet need for family planning were to become users, the abortion rate would decline to 31. If current users were to experience no method failures, the rate would be 30 and drop to 25 with an accompanying ten percent increase in prevalence. If unmet need were to disappear and only modern methods used the rate would be 22. And at the extreme, zero unmet need and zero failures yields an estimated abortion rate of 9 (from women who intended the pregnancy and changed their mind and from those who underestimated their ability to conceive).

One remaining calculation is instructive. Suppose that modern contraceptives were less available, perhaps because of a reduction in foreign assistance or government subsidy, and that 10% of women now using modern methods were to fall back on traditional methods. If that were to occur – and it is not highly unlikely – then the abortion rate would climb from 48 to 53.

Conclusions

The evidence that the adoption of contraception can significantly reduce the abortion rate has once again been documented. Two Demographic and Health Surveys as well as data from the Ministry of Health clearly confirm the substitution of contraception for abortion in Kazakhstan. In the space of less than a decade, the abortion rate has been cut in half by an increase of the same magnitude in contraceptive prevalence. There remains the potential for further substantial decreases in abortion with additional increases in prevalence, a reduction of unmet need, and an increasing reliance on modern methods with lower failure rates – a combination of changes that has been in motion for some time.

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