Characteristics of Induced Abortion in China in the 1990s

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Objective To understand the characteristics of induced abortion in China in the 1990s, and to find out the influential factors.

Methods The overall number of induced abortions, calculate cohort induced abortion frequency, explore the impact of a child's sex and the number of previous children on induced abortions were estimated by using the data from the "National Population and Reproductive Health Survey" conducted by the National Family Planning Commission in November 1997.

Results Induced abortions in China had their own characteristics, which were far different from other countries. The main difference was led by the fact that the country was driven by an implemented family planning program and nationwide population policies. The key cause of induced abortions was due to an inconsistency with the requirements of the family planning policy. However, as a result of effective and prevalent contraception, the rates of induced abortions were not quite high in the 1990s, when compared with other countries. Even though, in the early 1990s, the government had reinforced the family planning program through administration and legislation, unlike during the early 1980s when the one-child policy was implemented, the induced abortion rate and the number of induce abortions did not increase as the fertility rate substantially decreased.

Conclusion This finding implies that the fertility declines in the 1990s were not caused by the number of induced abortions. The transition of the fertility ideology of the people has played an important role in the fertility decline, as institutional reform and socioeconomic development are implemented.

Key words: induced abortion; family planning; reproductive health

Since 1991, a second decline in fertility rates has appeared in China^[1], marking the first time that fertility rates have reached a level under the replacement rate, about 2.1 for the total

fertility rate (TFR). They are approaching the level that the national population policy expected, i.e., TFR of 1.6^[2]. There are lots of implications with regard to the fertility decline. How could the fertility decline without an explicit "tightening-up" of national policy? Had the fertility decline been caused by a decrease in women's reproductive health? Did the reproductive health of women improve as fertility declined?

The objective of this paper was to estimate the overall number of induced abortions, calculate cohort induced abortion frequency, explore the impact of a child's sex and the number of previous children on induced abortions, and find out the effects on some characteristics of women, such as gestation period, prior to an induced abortion.

Materials & Methods

Having searched the previous published papers, both in Chinese and English, we found that almost all of the data used in academic articles dealing with induced abortion comes from the record of hospitals or small-scale surveys. It is very hard to obtain any nationwide data on induced abortions, especially any data combining induced abortions with other social characteristic variables. There is no way that one could know the overall situation of the people involved, or give plausible explanations to the reasons why induced abortions occurred in such a large country. In this paper, we were going to use the data from a national survey, known as the "National Population and Reproductive Health Survey." It was conducted by the State Family Planning Commission in November 1997. This data represents the first time we have been able to obtain the national data related to reproductive health, especially the data on induced abortions.

The survey was divided into two phases. The first phase targeted the general status of the population, which covered 180 000 thousand people among 31 provincial areas. The second phase targeted the childbearing women ages 15 to 49 years old, who were randomly sampled from the population of the first phase. A total of 15 213 women were interviewed. The second phase took place in the middle of November 1997.

We were going to use the data from the second phase, since all the specific questions dealing with reproductive health were asked. The second phase survey was made up of eight parts: general status of women, health care during menstruation and overall health status, conception and giving birth, contraceptives, technical services, sexual diseases and AIDS, health care during menopause, and others. The information was very abundant and unique in terms of reproductive health in China.

In this paper, the data from the third part of this survey, pregnancy and giving birth, was used. In this part, pregnancy history (such as the order of pregnancy), result of pregnancy, gestation end date, parity of the birth, the duration (months) of breastfeeding for each live birth, and the current health of each live birth, were recorded, according to the order of pregnancy. There were six possible results of pregnancy: live male birth, live female birth, stillbirth, spontaneous abortion, induced abortion, and currently pregnant. There were

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