

## **Two ways of birth control transition towards new reproduction pattern in Eastern Europe**

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Over the past decades, the gradual transition towards later childbearing has been one of the most characteristic features of demographic change in Europe (Kohler et al. 2002). This ongoing postponement of procreation has narrowed the time period, during which reproduction is possible, and, at the same time, prolonged the period before first childbearing, when effective contraception is necessary. As a result, the conflict between natural fertility and fertility preferences has become more intense. Delayed childbearing has been facilitated by both the increasing prevalence and greater effectiveness of contraception. On the other hand, this trend towards later motherhood has made safe and effective birth control much more relevant.

The principal means to prevent conception and birth are contraception and induced abortions (Frejka 2008). Investigation of the relationship between levels of contraceptive use, the incidence of induced abortion, and fertility level has been a subject of many studies (Bongaarts and Westoff 2003, Frejka 1983, Marston and Cleland 2003, Westoff et al 1987). Some authors have focused on interaction between contraceptive use and induced abortion in detail. However, their findings have not been consistent as increased contraceptive use need not necessarily lead to lower but to higher abortion rates. Marston and Cleland (2003) demonstrated that the key role of mediating factor usually plays the fertility level. Rising contraceptive use results in reduced abortion incidence in settings where the fertility itself is constant. When a fertility level in population falls rapidly, the parallel rise in abortion and contraception may occur because only increased contraceptive use by itself is unable to meet the growing need for fertility regulation. These findings were not proved in the Czech Republic. During the steep decline of TFR (total fertility rate) from 1.94 in 1988 towards the lowest low level 1.16 in 1998 even steeper decline in TAR (total induced abortion rate) from 1.58 in 1988 to 0.58 in 1998 occurred simultaneously together with increase in contraceptive use and its effectiveness (Kocourková and Fait 2011). On the other side Russia and Romania recorded similarly drastic drops in fertility at the end of the 1980s and in the early 1990s, but these were accompanied by a temporary increase in the abortion rate in both countries (Muresan 2008, Zakharov 2008). Based on the empirical findings, interactions between all three factors are more complicated in Eastern European countries. The level of TAR seems to play an important role. If TAR had reached a high level before the modern methods of contraception started to be used intensively, further increase in abortion incidence need not be necessarily expected in a population facing a sharp drop in TFR below the replacement level.

In Eastern Europe two ways of transition towards new reproductive pattern of lowest low fertility could be identified. One was based on the increased use of efficient contraceptive methods and did not result in any increase in unmet need for family planning as no increase in abortion rate was observed. Instead the level of unmet needs has declined to its minimum. This was the case of the Czech Republic, Slovakia or Slovenia where once there were conditions for effective family planning, the abortion rate could rapidly fall without any legislative restrictions on access to abortions. The alternative way of transition was found out in the former republics of Soviet Union (except of Lithuania), Romania or Bulgaria where the decline in TFR was at the beginning accompanied by an increase in TAR and only lately followed by a decline in TAR. However, experts indicated that the number of unreported, privately performed induced abortions particularly in Russia, Ukraine or Romania has increased substantially (Sedgh 2011). The declines rather represent a combination of real

declines in incidence and a shift to unreported abortions. Moreover, some increase in contraception prevalence was not probably accompanied by the replacement of traditional methods with more effective alternatives as findings based on GGS data suggested (Troitskaia and Avdeev 2010).

“Abortion culture” was the term used to characterize the nature of birth regulating behaviour in the formerly socialist countries of Central and Eastern Europe up to the end of the 1980s (Stloukal 1999). Liberal abortion legislation together with the health system supporting curative rather than preventive medicine made induced abortions easily accessible as well as socially acceptable. Modern contraceptives were less available and most couples relied on traditional methods. In the late of the 1980s the characteristics of women who had induced abortions differed sharply between the countries of Eastern and Western Europe (Blayo 1991). In the Eastern European countries induced abortion was used to limit family size once certain parity had been reached, thus induced abortion was the most frequently requested by married women with two or more children. In the other countries most women who had induced abortions were young, childless and unmarried.

Particularly during the 1990s incidence of induced abortion in Eastern European countries decreased, however with different intensity. In 2006 the lowest TAR within this region was reached in the Czech Republic and Slovakia. Both countries together with Slovenia and Lithuania reached the TAR even lower than those registered in Sweden and France (Kocourková and Fait 2009). Thus the East-West division by the abortion level disappeared. The shaping of a new reproduction pattern in the Czech Republic has been accompanied by significant improvements in contraceptive practice. While only 42% of women in union (married and cohabiting) used condoms, the pill or an intrauterine contraceptive in 1993, 75% of all women with a partner currently use effective contraceptives. Despite the fact that the Czech population cannot be considered to perform outstandingly in terms of use of contraception, any remaining unmet need for modern contraception is marginal (Kocourková and Fait 2011). The fall in abortion rates was most pronounced in the age group with traditionally highest rates of abortion, i.e. between 20 and 34 years, which resulted in diminishing of the differences between age groups. Currently the abortion rates of Czech women through the whole reproductive age are low and almost merged. On the contrary, in other Eastern European (Latvia, Russia, Romania, etc.) greater availability of new birth control methods have not resulted in their greater acceptance and in the replacement of traditional methods with more effective alternatives. High abortion rates are still observed among women aged 25-39 years. This pattern represents the continuation of the traditional pattern of “abortion culture”.

The aim is to study the relationship between the changes in abortion and contraceptive behaviour. Comparative analysis will include both the changes in the level and structure of induced abortions, and changes in contraceptive practice. Demographic analysis will be based on available data from national statistics or on abortion statistics provided by Eurostat. Trends in contraceptive behaviour will be assessed using the data of United Nations or collected within the Generation and Gender Survey in selected countries. Cluster analysis will be used to give more detailed insight into current typology of use of birth control methods in Eastern Europe. Finally, the aim is to identify the factors behind the recent differentiation in birth regulation in Eastern Europe.

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