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NEW FEATURES IN ABORTION DYNAMICS IN RUSSIA IN THE 1990s

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Abstract

New features in abortion dynamics in Russia in the 1990s

by Alexandre AVDEEV and Irina TROITSKAIA

The 1990s are marked by positive trends in abortion dynamics in Russia. According to available information, all abortion indicators have declined, from total numbers to total abortion rates.

In our opinion, this situation can not be considered only as a result of institutional activity. Abortion and family planning nave never been included into priority list of social policy in Russia. And it is quite possible that positive abortion dynamics will provoke a further movement of family planning problem from institutional to familial circles.

Our paper is devoted to the analysis of factors whose effect on abortion decline was, in our point of view, the most important. First of all, there are the structural changes in age composition of women of reproductive age, or more precisely, increase in the most fertile age group 20-24. At the same time we observed a sharp decline in number of women aged 30 or more. In Russia, under the condition of low fertility, these women have already reached desired family size and use more often abortion as a method of family planning. Then, we estimate the influence of behavioural factor on induced abortion, that is its principal indicator - total abortion rate.

Besides, we analyse an effect of increase in modern contraceptive use and of positive changes in method-mix.

Unfortunately, all our conclusions may be challenged, because we can not prove them by official statistics. In spite of some positive changes in 1991, abortion and family planning statistics in Russia does not still correspond to modern methods of demographic analysis and hardly allows to make cross-national comparisons. An additional information for more detailed analysis of induced abortion may be obtained from the sample surveys, in one of which the authors have taken part.

Introduction

The last decade was marked by positive trends in family planning (FP) in Russia. Abortion level declined by 1/3 throughout 1990-1995. At the same time we observed a 30% increase in proportion of women aged 15-49 used modern contraception (hormonal and IUD). The prevalence of hormonal contraception has risen remarkably, number of users tripled in 5 years.

However, if we have more attentive look at FP statistics, we are in some doubt whether the problem of induced abortion (IA) is in the process of being solving and can be moved from the field of research interests to practical administration level.

Imperfection of sources and of FP registration system in Russia makes uncertain most of calculations and conclusions about abortion dynamics and factors. Because no nation-wide FP surveys have been conducted in Russia (like, for instance, « European Family and Fertility Survey »), it is difficult to estimate the effects of age and behaviour factors on abortion and contraceptive use.

It is obvious that such lack of reliable information makes very difficult any decision-making, strategy choice or planning in the field of reproductive health. At the same time Russia is an object of a great interest of world pharmaceutical enterprises as a potential market of modern contraceptives ; naturally, according to the common market rules, economic interests prevail over human ones. The lack of reliable information leads to the chaotic forming and development of contraceptive market in Russia; an absence of social and governmental control can finally cause very negative changes in women's reproductive health. In our paper we do not touch the economic aspects of FP, although economic background gives us an idea how serious FP problem is in Russia.

In our paper we focus 1) on some particularities of official FP statistics in Russia and 2) on the effects of age composition and reproductive behaviour on abortion trends

and levels in Russia, so far as available data will allow us. Our calculations and conclusions are based both on the information published by the Russian Central Statistical Board in the Statistic and Demographic yearbooks, and on the database of the Russian Ministry of Public Health.

Besides, to analyse some characteristics of IA and FP unavailable from official sources, we use an information provided by 1996 Russia Women's Reproductive Health Survey.

Official statistics

Until 1990 the only published information about IA in Russia was their annual number.[1] In fact, the collected information was more detailed, but hardly ever available.[2]

In 1991 abortion statistics in Russia has changed. The information has become more detailed, abortions were classified by age, type, period of gestation. Nevertheless, for certain reasons new registration system does not still help too much to analyse completely the phenomena of IA.[3]

Besides, more detailed IA classification makes possible more detailed analysis of the sources themselves, so defects of registration system become more obvious.

Changes in abortion registration were accompanied by those in data publishing**.** Abortion data are not available any more from the Russia Demographic Yearbooks, as before. They are published in interdisciplinary statistical yearbooks « Public Health in Russia », « Social Statistical Yearbook », « Family in Russian Federation » etc.

[1] We consider indirect indicators, such as abortion rate or abortion ratio, as a secondary information.
[2] For instance, the Ministry of Public Health collected the data about women terminated their first pregnancy, abortions in age group 16 or less, abortions initiated out of hospital etc. This information was available for nobody, but the officers of the Ministry.
[3] Age distribution of IA differs from that accepted in demography ; urban and rural abortions are not distinguishing, because abortion is registered by place of procedure, not by residence

Available information is: annual number, age distribution , abortion rate and ratio. (Table. 1).

The parallel coexistence of two IA registration systems - Central Statistical Board (CSB) and Ministry of Public Health (MPH) - has led to a significant discrepancy in data available from these two systems (compare Table 1 and Table 2). Unfortunately, there are no comments from both of the sides.

Table 1 : Abortion statistics published by the Central Statistical Board (Russia, 1990-1995)

	1990	1991	1992	1993	1994	1995
Number of abortions	4 103 400	3 608 400	3 436 700	3 244 000	3 060 200	2 766 400
among them menstrual regulations	975 000	848 100	886 000	857 800	793 600	695 200
Abortion rate per 1000 women 15-49	114.0	100.3	95.0	88.4	82.4	73.9
Abortion ratio per 100 deliveries	205.9	200.7	216.1	235.0	217.0	202.6
Number of abortions at age group :						
14 or less	n.a.	4 800	4 000	5 100	3 100	2 800
15-19	n.a.	350 400	346 300	342 800	332 100	301 300
20-34	n.a.	2 526 300	2 434 000	2 238 400	2 110 600	1 892 100
Abortion rate per 1000 women aged:						
14 or less		0.3	0.2	0.3	0.2	0.2
15-19		69.0	67.0	66.0	64.0	57.0
20-34		153.0	150.0	141.0	133.0	121.0
Number of women terminated their first pregnancy		180 400	183 100	189 200	192 400	177 700
Abortion Rate (15-49)*	100.7	90.3	85.3	79.2	73.1	64.5
Abortion Rate (15-44)*	110.5	98.3	93.1	87.6	82.3	73.9
Abortion Ratio per 100 livebirths **	181.6	180.5	194.4	210.9	194.1	180.0

Source : Family in Russia. Statistical Yearbook. Moscow, 1996, pp.178-183

* - our calculations : number of legal abortions (including menstrual regulation) per 1000 women 15-49 and 15-44

** - our calculations : number of legal abortions (including menstrual regulation) per 100 livebirths

Table 2 : Abortion statistics according to the Ministry of Public Health

	1990	1991	1992	1993	1994	1995	1996	Change throughout 1991-1996
Number of registered abortions	3920287	3525904	3265718	2977935	2808103	2574834	2469198	-30%
Legal abortions (including menstrual regulations)	3593291	3164701	2910460	2639412	2481493	2255797	2150560	-32%
Legal abortions (without menstrual regulations)	2641198	2316579	2053513	1842142	1 747651	1602211	1549214	-33%
Number of voluntary abortions	n.a..	3121872	2873313	2606361	2 446407	2216137	2109474	-32%
among them legal	n.a..	3108230	2863156	2598512	2 438699	2210874	2104574	-32%
Incomplete abortions	n.a..	361203	329545	303678	296334	287527	280603	-22%
among them : illegal	n.a..	13642	10157	7849	7708	5 263	4900	-64%
spontaneous	n.a..	232131	206265	194898	194269	186277	179659	-23%
incomprehensive		115430	113123	100931	94357	95987	96044	-17%
Number of menstrual regulations	952093	848122	856947	797270	733842	653586	601346	-29%
Abortion Rate (15-49)*	100.2	88.3	80.4	71.9	66.3	59.2	55.9	-37%
Abortion Rate (15-44)*	80.8	70.3	62.0	55.5	52.6	48.2	46.6	-34%
Abortion Ratio per 100 livebirths **	181	176	183	191	176	165	165	-7%

* - our calculations : number of legal abortions (including menstrual regulation) per 1000 women 15-49 and 15-44

** - our calculations : number of legal abortions (including menstrual regulation) per 100 livebirths

Induced Abortion : uncertain success

Abortion trends and problem of definitions

According to published information, abortion statistics of the CSB (Table 1) is more complete, but less detailed than abortion statistics of the MPH (Table 2). First of all, in the CSB statistics abortions are not classified by type, therefore abortion indicators are incomparable with those for the other countries. For instance, including all types of abortions into numerator rises Abortion rate and Abortion ratio. The latter has also his own particularity, because denominator is equal to all deliveries (not only livebirths, as in standard abortion statistics). Actually, it is not a big difference, but it have to be taken into account.

In Russia in the 1990s dynamics of the components of total abortion number differed from each other. In principle, we can only estimate this dynamics on the

hypothetical level, because CSB does not classifies abortions by type, and MPH does not register all abortions. Nevertheless, we base our calculations on the MPH data, always having in mind its imperfection.

To analyse more profoundly abortion level and dynamics, first we have to answer a question : from what position we suppose to measure abortion ? From the institutional one, as an activity of one of the public health services ? Or from the behavioural one, as one of the possible family and/or individual choices from a set of FP strategies ? We are not in the least to contest the definitions given by C.Tietze and S.Henshaw to different types of abortion (Tietze et al., 1986). We just notice that they analysed abortion indicators rather from the institutional point of view ; that is why they made their estimations only on the basis of legal abortions. Use of classical definitions in analysing of behavioural aspects of abortion may not reflect adequately the reality.

For instance, to calculate a prevalence of IA as a method of birth prevention, one could use as a numerator all abortions, performed by woman's desire, i.e. both legal and criminal ones. Or, another example : It is not impossible that the MCH method of calculation of Abortion Ratio has his own logic : stillbirths could be added into denominator, because nobody plans stillbirth as pregnancy outcome. Therefore pregnancy which has not been interrupted by abortion supposed to terminate by normal livebirth. From the behavioural point of view, it was planned pregnancy or desired child.

The fact that in Russia official abortion indicators declined significantly from 1990 to 1996, whereas the rate : *legal abortions / 100 livebirths* did not change at the same extent, allows us to explain recent abortion trends by age composition of WRA.

Effect of age composition on abortion dynamics in the 1990s

Russian official statistics does not provide reliable information about social and demographic characteristics of induced abortion. So, the question : ***Who are abortion patients*** ? is far from being answered.

From 1990 to 1996 we observed a 2.5 million rise in number of women of reproductive age (WRA), accompanied by changes in the structure of this subpopulation (Figure 1 and Table 3). Number of women aged 20-34, those who had the highest risk of abortion, has reduced by 1.5 million ; on the contrary, number of women aged 40 or more, whose impact on abortion is much less, has essentially risen.

Table 3 : Changes in WRA age groups used by Russian abortion statistics

Age groups	Change in number	
	from 1990 to 1995	from 1990 to 1996
14	57 833	85 674
15-19	348 191	397 569
20-34	**-1 357 687**	**-1 569 309**
35-49	3 218 892	3 784 039
14-49	**2 267 229**	**2 697 972**

But we have already mentioned above that age groups used by abortion statistics are far to be perfect. Except of incomparability, they hide the real impact of age composition on abortion dynamics in the 1990s. One can find a significant structural change inside the age group 20-34. Throughout all the period number of women aged 20-24 increased, and it is well-known that this subgroup has a highest fertility and relatively low abortion rates. On the contrary, number of women aged 25-34 declined essentially ; in Russia in general these women have already reached desired family size and are therefore at higher risk of abortion. We could suppose that such structural change was one of the main factors of reduction in induced abortion in the 1990s. It is quite possible that such changes in age composition of WRA partly provoked fertility

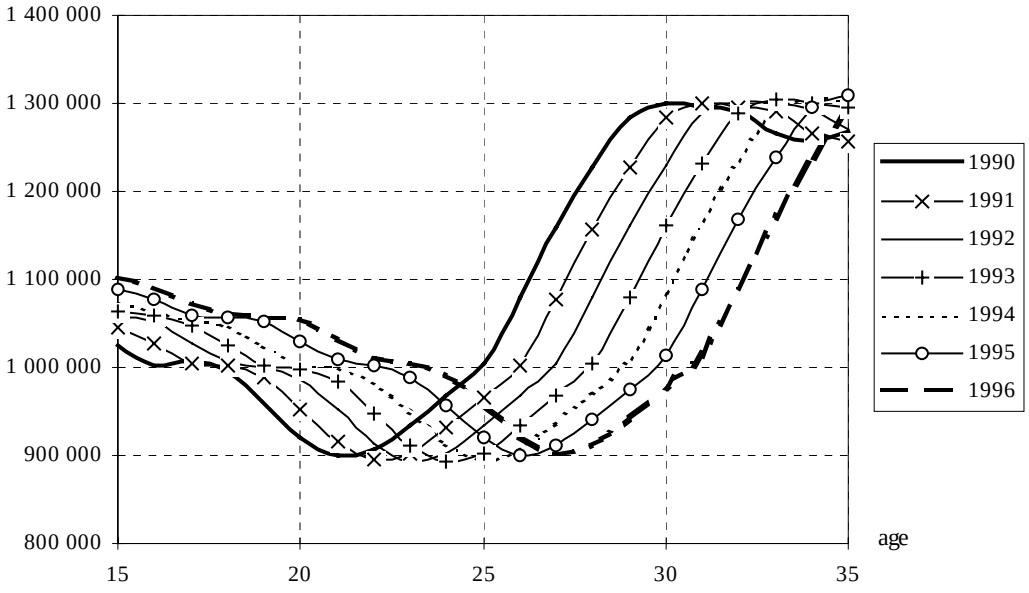
growth since 1993 ; they also explain a very slow dynamics of abortion ratio, because they touch both numerator and denominator.

Table 4 : Age composition of women aged 14-49 by age groups used in abortion statistics in Russia

Age groups	1990	1991	1992	1993	1994	1995	1996
14	3%	3%	3%	3%	3%	3%	3%
15-19	14%	14%	14%	14%	14%	14%	14%
20-34	45%	45%	44%	42%	41%	39%	38%
35-49	38%	39%	40%	41%	43%	44%	45%
14-49	100%	100%	100%	100%	100%	100%	100%

In the recent future the factor of age structure of WRA will keep its importance. Its reducing effect on abortion dynamics will be even more remarkable, because the proportion of women aged 25-35 will continue to go down, whereas the proportion of women aged 40 or more will rise sharply (Fig.1).

Figure 1 : Changes in number and age composition of women aged 15-35 (Russia, total population)



Effect of behavioural factor on abortion dynamics in 1990s

Total abortion rate (TAR) is the best demographic indicator which reflects current changes in reproductive behaviour ; besides, it does not practically depend on

age composition of WRA. The authors have already estimated it for Russia in 1970-1980. At the time information on IA was much more limited, so we have had to use indirect techniques. Since 1992 one can calculate TAR for aggregate age groups by direct method, with some data correction (we remind that to be comparable TAR must be calculated for legal abortions). We could estimate such a « legal » TAR on the basis of MPH abortion statistics, because it classifies abortions by type. Unfortunately, it is incomplete in comparison with information available from CSB ; besides, the proportion of abortion that could not be classified is relatively high (Table 2). So, we have estimated number and age distribution of legal abortion combining total number of abortions from CSB with distribution of abortions by type from MPH. The results are shown in the Table 5 ; the same table contains authors' estimations according to indirect method described in their previous papers (Avdeev A., 1994a).

Table 5 : Estimations of TAR for legal abortions. Russia, 1991-1995

Year	Estimation on the base of data available from :		Authors' indirect estimations :	
	Central Statistical Board	Ministry of Public Health	Central Statistical Board	Ministry of Public Health
1991	2.835	2.784	3.020	2.943
1992	2.724	2.588	2.867	2.698
1993	2.570	2.372	2.708	2.448
1994	2.423	2.222	2.550	2.298
1995	2.176	2.025	2.306	2.089

Taking into account an imperfection of indirect TAR estimations, we have nevertheless to consider that during the period 1991-1995 this indicator declined almost by ¼ (from 23 to 29 % depending on method).

Dynamics of contraception use : very slow, close to stagnation

There is no doubt that in the last decade increased use of modern contraceptive methods (hormonal and IUDs) was an important factor of reduction in abortion in Russia, although contraceptive trends in the 1990s differ of those in the previous decade. After the « contraceptive boom » at the late 1980s IUD prevalence has increased

slightly, and since 1994 MPH statistics even shows its decline. On the contrary, the proportional increase in hormonal contraceptive use was particularly rapid from the beginning of the 1990s. Nevertheless, we have to be careful in our conclusions, taking into account the defects of contraceptive statistics.

In our earlier papers we have already supposed that in Russia IUD prevalence rate may stable or even reduce (Avdeev et al., 1993) ; since 1994 our forecasts are confirmed by contraceptive statistics (Fig.2 and Table 6). Again, because of the lack of information such as discontinuation rate, contraceptive failure or average duration of use, we can neither measure nor explain this phenomena. So, we can only suppose that the unmet need in IUD is not a problem in Russia any more. Probably, all new users just replace those who left this group because they were not any more at risk of unwanted pregnancy or because duration of use of their IUD was over. Besides, we have to take into account a growing prevalence of hormonal contraception which is in a serious concurrence with IUDs on Russian contraceptive market.

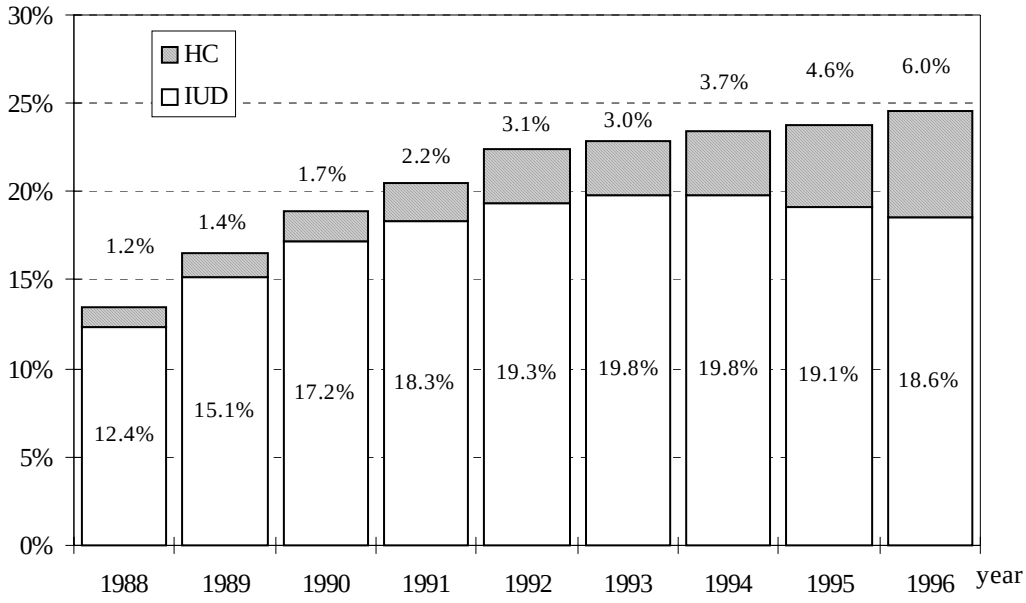
Table 6: Modern contraceptive prevalence in Russia, 1987-1996

Year	Inserted IUDs	Women observed in the dispensaries because of use:		Surgical sterilisation	Prevalence rate per 1000 women aged 15-49		
		IUD	HC		IUD	HC	Total
1987	1 641 134	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1988	1 805 826	4 504 389	419 796	n.a.	12.36%	1.15%	13.5%
1989	1 949 791	5 474 127	490 087	n.a.	15.13%	1.35%	16.5%
1990	1 741 370	6 202 342	600 419	n.a.	17.23%	1.67%	18.9%
1991	1 498 164	6 542 593	772 733	n.a.	18.31%	2.16%	20.5%
1992	1 482 929	6 953 747	1 099 924	n.a.	19.32%	3.06%	22.4%
1993	1 277 125	7 197 787	1 101 087	11 778	19.79%	3.03%	22.8%
1994	1 206 581	7 329 427	1 366 486	13 799	19.79%	3.69%	23.5%
1995	993 544	7 234 520	1 747 293	15 129	19.15%	4.62%	23.8%
1996	1 100 241	7 136 985	2 295 375	6 424	18.60%	5.98%	24.6%

Thus, according to MPH official statistics, since 1990 hormonal contraceptive prevalence increased 3.5 times. This statistics deals with nobody but “observed users”, those who visit regularly their gynaecologist to be examined or to get a new pill prescription; it is hard to say how many of them come or call to say that they decided to

stop contraceptive use. From this point of view, data on hormonal contraceptive prevalence seem to be overestimated. Nevertheless, we rather believe that in reality they are higher than official statistic shows. For instance, the system based on the principle "observed user" does not include women used post-coital pills or those who buy and use hormonal contraception without any medical consultation. The best way to estimate hormonal contraceptive prevalence would be to focus on the purchase statistics; unfortunately this information has never been published. We have even no idea whether it is available at all.

Figure 2 : Dynamics of modern contraceptive prevalence (IUD and hormonal); Russia, 1988-1996



Moreover, purchase statistics could help to estimate a prevalence of barrier methods, first of all condoms. Probably, the proportion of condom in the method-mix increases and will increase in the future. Wide advertisement company of condom as a method prevented sexually transmitted diseases makes it a customary attribute of sexual relations and can rise a probability of its choice as a FP method.

We can also suppose that the recent changes in psychology of sexual relations in and out of marriage influence on the choice of FP methods. For example, the increase in

use of traditional methods does not mean at all the regress in FP processes. So far this delicate psychological problem is outside of research interests in Russia.

Surgical sterilisation for contraceptive purpose was legalised in Russia in 1990, but has become more available since 1993, after a second version of the Order of sterilisation had come. Sterilisation (both female and male) was considered a method of family planning for person who must be at least 35 years of age or have at least two children (Hutter, 1996).

Since 1993 (it might be caused by new version of the Order) MPH registration system provides an information about annual number of female sterilisation's. According to this statistics, sterilisation is still very far from being popular FP method or even from being statistically significant in comparison with the other methods. From 1993 to 1996 35 000 women have chosen sterilisation as a contraceptive method. Not much is known about their age and reproductive status, except of restrictions declared in the Order of sterilisation. We can not therefore forecast perspective of sterilisation in Russia.

Imperfection of FP registration system makes difficult any attempt to estimate not general (official) but effective contraceptive prevalence, calculated on the basis both of age composition of WRA and their risk of pregnancy. As it has been already mentioned above, age composition of WRA has changed significantly in recent years; but age is an important factor limiting modern contraceptive use. Besides, change in women's reproductive status (decrease in age at menarche and increase in age at menopause) can also rise real contraceptive prevalence rate without changing anything in the standard statistical age group 15-49. It is another unanswered question to be studied.

The same about the models of sexual behaviour in Russia. It is obvious that the recent nuptiality trends are characterised by increase in the mean age at marriage and by relatively high divorce rate. In which extent single, divorced or widowed women are in the risk of unwanted pregnancy? The sample surveys could give us a reliable information. We can also use official population statistics, i.e. censuses, when the interviewed people declare themselves their marital status. According to the 1989 Census, in Russia proportion of WRA at risk of pregnancy varies from 68% (WRA declared that they are currently in union) to 80% (proportion of WRA ever married). In these conditions reliable modern contraceptive prevalence rate (for WRA in marriage or other union) must have been equal to 31 to 36% (Table 7).

Table 7: Estimates of modern contraceptive prevalence depending on proportion of WRA (15-49) at exposure risk

	79% of WRA at risk *			68% of WRA at risk **		
	HC	IUD	Both	HC	IUD	Both
1988	1.47%	15.84%	17.19%	1.70%	18.28%	19.99%
1989	1.72%	19.34%	20.97%	2.00%	22.38%	24.38%
1990	2.12%	22.08%	24.03%	2.47%	25.48%	27.94%
1991	2.75%	23.12%	26.04%	3.20%	27.08%	30.28%
1992	3.89%	24.32%	28.46%	4.52%	28.58%	33.10%
1993	3.85%	24.71%	29.02%	4.48%	29.27%	33.75%
1994	4.69%	24.67%	29.86%	5.46%	29.27%	34.72%
1995	5.88%	23.98%	30.23%	6.84%	28.32%	35.16%
1996	7.61%	23.52%	31.26%	8.85%	27.51%	36.35%

* – proportion of WRA ever married, 1989 Census
** – proportion of WRA declared to be married, 1989 Census

The data of 1994 Micro-Census which fixed all categories of marital status correspond very much to these figures: in age group 16-49 20% of women have never been married, 63% are in registered marriage, 4% are in unregistered union, 2% are widowed, 8% divorced and 2% separated. (Central Statistical Board, 1994, pp.38-39).

To summarise, we would like to go back to one of our previous papers devoted to family planning in Russia and ex-USSR (Avdeev, 1994b). We supposed that in the late 1980s Russia was on the threshold of contraceptive revolution and that in the 1990s one can expect a significant increase in contraceptive use accompanying by important

changes in method mix. Unfortunately, we were too optimistic. Even if Russia was very close to this threshold, we have not yet overstepped it. FP still develops spontaneously, like in the 1970s and in the 1980s, that is women's and families' individual activity plays more important role than institutional activity. In spite of creation of several non-governmental organisations, among them Russian Family Planning Association, it is difficult to understand how the information on FP circulates in our society. Woman and/or family do not choose the best FP strategy from those proposed by the different institutions; they create their own strategy on the basis of certain mysterious information and try to realise it in the framework of existing FP state or commercial services. We can ask ourselves, in which extent the conception of "conservative revolution" proposed by A.Vishnevsky (Vishnevsky, 1998) as a theoretical basis for studying modernisation processes in Russia may be applied to contraceptive revolution.

Induced abortion in the mirror of sample surveys

As it has been mentioned above, age composition and behaviour have a significant influence on abortion dynamics in Russia, but their analysis on the basis of official statistics is very limited. Some additional information may be received from sample surveys. Authors have had a chance to take part at 1996 Russia Women's Reproductive Health Survey.[4] We were responsible for analysis of IA, from its socio-demographic characteristics to its short-term and long-term consequences for women's health. We would like to present some results which have not been included into the Final Report, but we find them useful for understanding of structural and behavioural factors of IA.

[4] Survey was helded in 1996 by Russian Centre for Public Opinion and Market Research , Centers for Disease Control and Prevention (USA) and the US Agency for International Development in three sites: Ivanovo, Perm and Yekaterinburg. Our special thanks to V.Bodrova (Centre for Public Opinion and Market Research) for access to data base

The survey showed that the majority of al declared abortions is performed by professionals (Table 8). An answer “Other” includes, probably, spontaneous and illegal abortions. We believe that this figure is quite close to reality; according to official statistics, in the 1990s in Russia the proportion of spontaneous, illegal and incomprehensive abortions was equal to 10-11% of total number. Correlation to abortion rank is obvious; it seems to be a very important behavioural indicator.

Table 8: Induced abortions by site and provider

Place	Yekaterinburg	Perm	Ivanovo	Total
	First abortion			
Hospital	82,82%	90,17%	87,70%	86,84%
Maternity house	4,58%	2,37%	5,74%	4,14%
Private physician/clinic	0,77%	1,02%	1,64%	1,13%
Other	11,83%	6,44%	4,92%	7,89%
Total	**100%**	**100%**	**100%**	**100%**
among them:				
By professionals	88,17%	93,56%	95,08%	92,11%
In public health system	87,40%	92,54%	93,44%	90,98%
	Second abortion			
Hospital	81,58%	93,14%	92,31%	88,89%
Maternity house	7,89%	0,00%	3,08%	3,70%
Private physician/clinic	1,32%	0,00%	1,54%	1,23%
Other	9,21%	6,86%	3,08%	6,17%
Total	**100%**	**100%**	**100%**	**100%**
among them:				
By professionals	90,79%	93,14%	96,92%	93,83%
In public health system	89,47%	93,14%	95,38%	92,60%
	Third abortion			
Hospital	80,00%	91,18%	100,00%	92,00%
Maternity house	12,00%	0,00%	0,00%	4,00%
Private physician/clinic	4,00%	0,00%	0,00%	0,00%
Other	4,00%	8,82%	0,00%	4,00%
Total	**100%**	**100%**	**100%**	**100%**
among them:				
By professionals	96,00%	91,18%	100,00%	96,00%
In public health system	92,00%	91,18%	100,00%	96,00%

The survey data also correspond to our estimations of proportion of WRA at risk of pregnancy (Table 9).

Table 9: Proportion of WRA having sexual contact in 30 days before interview by age and marital status

Age	Total	married	unregistered union	lives separately	divorced	widowed	never lived in union
15-19	26,4%	84,2%	75,7%	75,0%			14,2%
20-24	69,9%	89,3%	82,1%	51,6%	49,1%	66,7%	32,7%
25-29	83,0%	90,8%	93,8%	58,1%	65,6%	71,4%	40,6%
30-34	80,6%	91,3%	77,9%	54,5%	51,7%	20,8%	30,4%
35-39	78,9%	90,8%	88,6%	35,5%	43,1%	33,3%	26,5%
40-44	71,5%	84,6%	77,5%	34,3%	37,9%	20,0%	22,2%
15-44	**69,4%**	**89,1%**	**83,1%**	**48,9%**	**47,5%**	**28,4%**	**21,3%**

To conclude, notice that the results of Survey were relatively close to those provided by official abortion statistics. We do not have any doubt whether the sample was representative, so we risk to suppose that abortion statistics in Russia, not being detailed enough, is nevertheless quite complete (Final Report, 1998).

Conclusions

Abortion level in Russia is continuing to decline, but the situation looks rather like stagnation than like progress. Positive trends are mainly caused by structural and behavioural factors, which may change sharply extent and direction of their effect in the course of time. Even though TAR has declined by about 30%, it is still one of the highest in the world. Increasing modern contraceptive prevalence does not reflect its real dynamics. Before adequate FP registration system will be created, we are only able to analyse IA trends and factors on the hypothetical level, and all findings can be doubted.

From the other side such quasi-progress is quite dangerous, because it masks the importance of IA and FP problem in Russia and allows to policy-makers and public health institutions to move FP out of their priority lists. Lost of scientific and institutional interest may provoke in the future whether increase of all IA indicators, or their stabilisation on the current level which is still extremely high.

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