

DECOMPOSING FERTILITY, ABORTION, AND CONTRACEPTION IN RUSSIA: FINDINGS FROM RUSSIA'S FIRST NATIONAL REPRODUCTIVE HEALTH SURVEY

**Howard Goldberg¹ (hig1@cdc.gov), Florina Serbanescu¹ (fxs7@cdc.gov),
Lidia Bardakova² (bardakova@unfpa.org), Paul Stupp¹ (pws2@cdc.gov)**

¹Center for Disease Control and Prevention, Atlanta, Georgia, USA

²United Nations Population Fund, Moscow Russia

Since the dissolution of the Soviet Union in 1991, the Russian Federation has been characterized by extremely low levels of fertility, very high rates of induced abortion, and a lack of consistent use of effective contraception (despite relatively high contraceptive prevalence) by Russian couples. These characteristics, particularly the fact that fertility rates fell to a level nearly one child below the replacement level by the late 1990s, leading to negative population growth, have been a major cause for concern within Russia. A new national survey, however, has found that fertility and the utilization of induced abortions appear to have undergone substantial change in Russia. This survey also provides a detailed look into current contraceptive behavior in Russia. In this paper we will present findings from that survey in order to assess the current situation in these areas and interrelationships between childbearing, induced abortion, and contraception in a country where reliable national level data has, until now, been unavailable on these topics.

In late 2011, the first Russia Reproductive Health Survey (RRHS) was carried out, providing, for the first time since the break-up of the Soviet Union, nationally representative information on a wide range of topics related to reproductive health and maternal and child health. This survey consisted of a household-based representative sample of 10,010 women between the ages of 15 and 44 years from across Russia and covered a wide variety of topics. (Because of security concerns and the sparseness of the population in some parts of Russia, roughly 10 percent of the population was not covered by the survey.) Interviews were conducted by trained female interviews at the homes of respondents. The overall response rate among women selected for interview was 95 percent. The survey was conducted by the Russian National Statistics Office (ROSSTAT), with technical assistance from the Centers for Disease Control and Prevention, and funding from the United Nations Population Fund (UNFPA) and USAID.

The survey questionnaire included detailed information on pregnancy, childbearing, and fertility control (both contraception and induced abortion). This included a complete pregnancy history, a five-year contraceptive calendar, and detailed information on fertility intentions and contraceptive use for every woman interviewed. This information, along with other sources of demographic information, such as official statistics and more limited previous surveys, allows us to examine recent trends in childbearing and fertility prevention and the interplay between them. Analysis of survey data already conducted (see below) reveal that fertility levels have risen in recent years as induced abortion rates have fallen substantially. In addition, modern contraceptive methods are widely used across Russia. What remains to be learned from additional analysis is how these areas interact, allowing us to examine such questions as:

- To what extent is reduced use of induced abortion the result of expanded contraceptive use, improved contraceptive use, changes in fertility intentions, and changes in the likelihood of abortion given the occurrence of an unintended pregnancy?
- What changes in fertility patterns (such as numbers of births, spacing of births, age at first birth, and age at last birth) have recently occurred and how do they relate to contraceptive use and reliance on induced abortion?
- To what extent has the contraceptive method mix and the effectiveness and discontinuation of contraceptive use changed in recent years?

Below are some of the findings from the RRHS to date:

Fertility

By the year 2000, the total fertility rate in Russia had fallen to 1.2 births per woman. The low level of childbearing and the resultant decline in population size was (and continues to be) a major concern in Russia for many reasons. The RRHS found the total fertility rate for Russia to be 1.6 births per woman for the period from 2009-2011 (coinciding with official statistics). This is still below replacement fertility, but well above the levels of the 1990s. This rise in fertility has taken place despite an apparent increase in the age at first birth among Russian women. Age-specific fertility rates have decreased substantially at ages 20-24 and increased for older age groups. Not surprisingly the median age at first birth has also been increasing, from 22.4 years for 40-44 year-old women to 24.9 years for 25-29 year-olds. The proportion of recent

pregnancies that were unplanned was 37% according to the RRHS. This was a substantial decline from survey data from the 1990s, which showed between 60% and 70% of pregnancies to be either mistimed or unwanted.

Induced Abortion

For at least several decades induced abortion rates in Russia have been very high, with many Russian women depending on abortion to avoid unplanned births. The RRHS confirms what has been suspected in recent years, that the incidence of abortion has been declining rapidly. The RRHS found a total abortion rate (TAR) in Russia for 2009-2011 of 1.0 abortions per woman, similar to official figures. This is about one-half as high as 10 years earlier, and one-third as high as 20 years earlier. Thirty-five percent of RRHS respondents reported ever having an induced abortion, compared with over 50 percent in the late 1990s. The decline was most striking in the younger age groups. For instance, 13 percent of 20-24 years-old RRHS respondents had at least one abortion, compared with over 30 percent of women in 1996 and 1999 urban surveys (about three-fourths of RRHS respondents live in urban areas.). In the recent past, Russian women overall had far more abortions than live births. This has now changed such that only women ages 35 and older report more lifetime abortions than live births. We also will look for changes in the likelihood of seeking abortion among women with unintended pregnancies.

Contraceptive Use

Since there seem to be no signs of dramatic movement in the other proximate determinants of pregnancy, fertility, or induced abortion, changes in contraceptive use are the most likely to be responsible for bringing about the changes noted above. The RRHS allows examination of several aspects of contraceptive use impact on fertility and induced abortion. These include:

- Contraceptive prevalence
- Contraceptive method-mix (modern-traditional, long acting-short acting, etc.)
- Contraceptive effectiveness rates
- Contraceptive discontinuation rates
- Unmet need for contraception.

Sixty-eight percent of married women reported currently using a contraceptive method (55% modern and 13% traditional). Condoms were the most commonly used method among married women (25%), followed by the IUD (14%) and oral contraceptives (13%). Both female and male sterilization remained relatively rare. These figures on contraceptive prevalence and method mix, surprisingly, were not very different than those found in surveys of urban women in the 1990s, meaning that the substantial changes observed in fertility and abortion probably cannot be explained simply by increases in use or changes in the mix of methods employed.

Further analysis will focus on such issues as characteristics of women who use or do not use contraception, method-specific likelihoods of contraceptive failure and discontinuation, and other proximate determinants of fertility and abortion to explain more clearly the demographic processes through which fertility has risen and abortion has fallen substantially in recent years. Clearly there has been considerable movement in childbearing and abortion, and it will take a detailed analysis of the factors that can affect these outcomes to learn how they have interacted in a way to bring about those changes. This analysis will provide valuable information for low fertility, high abortion populations as they seek to understand how these factors interact with contraceptive behavior and decision-making.