the sexual arena.

Like the rest of the former communist countries with the exception of Poland, the Czech Republic at the beginning of the 1990s had one of the highest rates of induced abortions in Europe. There were various reasons for this. The possibility of ending an unwanted pregnancy was opened to a large number of women by a law in 1957 which legalised terminations, and while these were justified by health reasons, right from the start the majority of abortions were in fact carried out for social reasons. This happened in a time when the post-war drop in the level of natality was still being felt and when sexual education and planned parenthood were far from adequate and moreover affected by various prejudices. Possibilities of using modern contraceptives were limited and the more reliable hormonal contraceptives were virtually unavailable. The relatively free availability of abortion for unwanted pregnancies resulting from traditional but unreliable methods of contraception and a lack of responsibility on the part of both partners was widely accepted as the solution to such situations. As there were few religious or moral inhibitions in this country, abortions began to be used as a method of contraception after the fact. Another important factor contributing to this method of resolving an unwanted pregnancy was the state supported suppression of individuals' responsibility for their own actions, not only in Fig. 5.1: Rates of Fertility and Induced Abortions

The Decrease in the Number of Induced **Abortions is Slowing** Down

There have been two brief pauses in the rise in the abortion rate - the first at the beginning of the 1960s following the introduction of a stricter system for implementing the abortion law (a drop to 51,000 cases) and the second in the 1970s after the introduction of measures to encourage a higher birth rate in the period of "normalisation" and an increased interest in family life (fall to 56,000). The fall in requests for abortions was accompanied by an increase in the number of children born. Once the impact of these measures had faded, however, the percentage of pregnancies ending in abortion began to rise again, particularly with the introduction of early abortions using the vacuum aspiration technique (VAT), which were less damaging to the woman's health. The most recent very liberal amendments in 1987 led to a rise of over one quarter in the number of abortions, to 108,000 cases. Adding to this number a further 15,000 miscarriages, there were 123,000 pregnancies not carried to term, i.e. almost half the total number.

2.5

Tab. 5.1: Abortions 1988-1998

	1988	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total Reported Abortions	125,331	121,802	117,039	106,763	82,477	64,640	58,695	56,654	53,455	51,791
Induced Abortions	110,031	107,131	103,124	93,435	69,398	53,674	48,286	46,506	43,261	40,935
as % of Total	87.8	88.0	88.1	87.5	84.1	83.0	82.3	82.1	80.9	79.0
Miscarriages	15,282	14,656	13,892	13,324	13,076	10,958	10,397	10,129	10,188	10,844
For 100 Births:										
 Total Abortions 	94.1	92.9	90.1	87.4	67.9	60.4	60.9	62.4	58.8	57.0
 Induced Abortions 	82.6	81.7	79.4	76.5	57.1	50.2	50.1	51.2	47.6	45.1
 Miscarriages 	11.5	11.2	10.7	10.9	10.8	10.2	10.8	11.2	11.2	11.9
Induced Abortions per 100 Registered Pregnancies	42.2	42.0	41.5	40.5	33.8	31.0	30.8	31.2	29.7	28.4
– VAT	85,493	86,444	83,915	77,040	56,982	45,694	40,755	39,125	36,497	34,193
(as % of Abortions)	77.7	80.7	81.4	82.5	82.1	85.1	84.4	84.1	84.4	83.5
No. of Pregnancies (in thous)	260	255	249	231	206	173	157	149	146	144

Total abortions: miscarriages, induced abortions, artificially abortions where cause is unclear

Pregnancies: births (incl. still births), abortions, ectopic pregnancies (1,507 cases in 1998)

VAT: vacuum aspiration technique

Changes in the abortion rate in the 1990s are calculated for those women with Czech citizenship who are resident in the Czech Republic; abortions by other women with long-term residence in this country represent less than 3%.

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The Spread of Hormonal Contraceptives was the Main Cause of the Decrease of Induced Abortions Three different stages are discernable in the decline in the abortion rate from the end of the 1980s to the present. The first stage was certainly still influenced by the 1987 liberalisation. It took several years after the political upheavals of 1989 for the high level of abortions (which this liberalisation raised to over 100,000 per year) to begin to fall again. During these years good hormonal contraceptives became much more easily available and gained support from doctors and the use of condoms – primarily due to fears about HIV – increased. The real change in the abortion rate, however, only came in 1993, when the number of abortions was 25% less than the previous year. After more than a decade the number of abortions fell to less than one per woman of childbearing age (for the first time since 1982). This rapid decline was short lived with the decrease for 1994–1995 being only 10% and since 1996 the abortion rate has fallen gradually by 5–7% per year to stand at half the 1990 level. Fewer than 41,000 abortions were carried out in 1998.

In 1997 the total number of abortions and miscarriages was only 53,500, that is 44% of the number in 1990. Within this total, the number of miscarriages fell more slowly, with the decrease being largely due to the fall in the number of induced abortions, which still account for four fifths of the total. The slower decrease in the number of miscarriages (with no change in 1997 and even a slight rise in 1998) corresponds rather to the decrease in the number of live births, which have fallen by less than a third, so that between 1990 and 1998 the percentage of miscarriages rose from 12% to one fifth of all abortions.

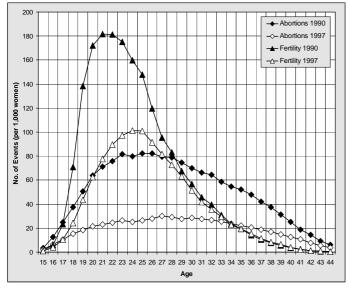
Tab. 5.2: Overall Indices of Reproduction and Abortion (for one woman throughout her reproductive life)

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total Induced Abortion Rate	1.51	1.45	1.29	0.96	0.74	0.67	0.64	0.59	0.57
Total Spontaneous Abortion Rate	0.21	0.20	0.19	0.18	0.15	0.14	0.13	0.13	0.14
Total Abortion Rate	1.72	1.65	1.48	1.14	0.89	0.81	0.77	0.72	0.71
Total Fertility Rate	1.89	1.86	1.72	1.67	1.44	1.28	1.18	1.18	1.16
Total Pregnancy Rate ¹	3.62	3.52	3.21	2.82	2.34	2.10	1.96	1.91	1.88

¹including stillbirths (0.01)

Changes in the rate of abortion should be considered in connection with changes in the fertility rate as two now independent elements of demographic reproduction. Up to the mid-1980s the total fertility and abortion rates were virtual "mirror images", with an increase in one being reflected in a decrease in the other. The different rate of decline of these two has brought about a major change in their relation. The level of induced abortions has fallen by three fifths, while the fertility rate has only dropped by less than two fifths, making abortions a much less important element of the overall picture of fertility. In 1997–1998 the levels stood at 1.2 live births and 0.6 abortions per woman from an average of 1.9 pregnancies, which is only slightly more than half the average number of pregnancies for one woman in 1990. Parallel with these changes there has been a change in the index of abortion, that is in the relative proportions of abortions and live births. While in 1990 there were 0.8 abortions for each child born, since 1994 there has only been one abortion for each two

Fig. 5.2. Induced Abortion and Fertility Rates by Age



children born. The rapid fall in the number of children born meant that this ratio rose slightly in 1996 and the further fall in the percentage of abortions in 1997–1998 was due to the unchanging number of live births.

The stagnation and then very slow decline in the high rate of abortion noted since the end of the 1980s indicates a marked inertia in the methods of ending an unwanted pregnancy commonly used over a long period, where abortions were seen particularly by older women as a form of contraception. The change in 1993 was partly due to the introduction of a charge for abortions conducted for other than health reasons. It should not be forgotten here that hand in hand with the fall in the number of abortions went a doubling of the percentage of abortions carried out free for health reasons (from 11% in 1992 to 23% in 1993). The changing attitudes towards abortions are also influenced by more responsible sexual behaviour after the model of western European countries. However, even with the notable progress in this respect the rate of abortions has still not attained the low levels common in developed countries. We can

however be proud that we are now one of those former communist countries where the abortion rate is closest to that in western Europe.

This can be partly explained by an analysis of the specific level of induced abortion by age and marital status. This shows that the new patterns of reproductive behaviour have not yet spread to all age groups. The highest level of abortions has shifted to the second half of the most important decade for a woman's fertility - to the ages of 25-29. While in 1992 the highest abortion rate was found among women aged 22-28, since 1996 it has shifted to the 25-31 age group and the secondary peak at 22-23 years is insignificant. The shift of the highest abortion rate corresponds to the rising age of women's highest fertility. Among women over 30 the rate of abortion has fallen much more gradually. While it has fallen by two thirds among women aged 20-24, for those aged 30-39 it has only fallen by between forty and fifty percent. This suggests that some older women still use abortion to end an unwanted pregnancy, while women aged 20-29 are more likely to take precautions to avoid such a situation. As there is no reason to believe that there has been any change in the frequency of sexual relations, it can be assumed that some older women are still relying on abortion as contraception after the fact, as they did in earlier years. A further decrease in the abortion rate among this age group is likely to come as now younger women enter it. This fact is also borne out by the changing rate of abortions among women over 40. The rate of abortions among women under 20 has shown the least alteration. Among this age group it is most likely to be a case of an unwanted pregnancy by fairly inexperienced young single girls and no rapid decline in the rate of abortions can be expected here. While the risk of an unwanted pregnancy here is most often related to failure to use contraception, the abortion rate for this group is less than half that for women aged 20-24. The main disadvantage in the abortion rate for this group is health factors, even with the now commonly used and relatively safe means of ending an unwanted pregnancy.

The Number of Induced Abortions Decreased Significantly among Young Women

Tab. 5.3: Induced Abortion Rates by Age

Age Group	Induced Abortions per 1,000 Women									
	1988	1990	1991	1992	1993	1994	1995	1996	1997	
15–19	26.9	24.2	24.8	24.2	19.3	14.7	12.2	12.3	11.1	
20-24	79.9	74.4	70.2	62.3	43.1	32.4	28.2	26.7	24.2	
25-29	81.8	79.6	75.3	67.6	47.9	36.5	32.5	30.8	28.2	
30-34	66.5	62.3	60.8	55.0	40.6	31.1	29.4	28.0	26.4	
35-39	43.4	42.0	40.8	36.4	28.2	22.1	20.1	18.9	18.4	
40-44	16.3	14.8	15.4	14.6	11.8	9.6	8.6	8.6	8.0	
45-49	1.4	1.4	1.3	0.5	1.1	0.9	0.8	0.8	0.8	
Total 15-49	39.5	41.3	39.6	35.5	26.2	20.2	18.1	17.5	16.4	
Total Induced Abortion Rate	1.59	1.51	1.45	1.29	0.96	0.74	0.67	0.64	0.59	

Changes in the abortion rate according to age and marital status are linked both with the falling level of nuptiality and the postponement of marriage to a later age, and with the overall fall in the abortion rate mentioned above. Quite logically there has been a fall in the percentage of abortions by married women – by one fifth between 1990 and 1997, although they still accounted for the majority of abortions and in 1997 represented almost 60% of the total number. The greatest rise was in the percentage of abortions by single women – by more than two thirds since 1990, bringing them to 28% of the total. This included a major rise in the number of young single women, who are more likely to be living with a partner. The percentage of abortions by divorced and married women also rose by more than a third to 12.5%. The highest rate of abortion is still apparently among those women who tend to be living in de facto marriages. Between the ages of 20 and 29 the rate of abortion among divorced and widowed women was almost twice as high as among single women and half to three quarters more than that among married women. Widows and divorcees are more likely to have abortions at an older age.

During the 1990s the drop in the level of abortion among unmarried women was much lower than that for their married counterparts. While the rate of abortion among married women aged 20–29 fell by two thirds between 1990 and 1997, that for unmarried women dropped by only three fifths. The higher abortion rate among widows and divorcees and the slower fall in this rate are also linked with the more difficult social and economic situation they tend to find themselves in, particularly

The Decrease in the Number of Young Married Women Contributed to their Lower Share of Induced Abortions

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if they already have children from an earlier marriage. They have often already satisfied their desire for children, while for single childless women of the same age this may be one of the reasons why they have shown the greatest drop in the number of abortions. Among both single and married women aged 15–19 the abortion rate fell by only half. It is clear that marital status is not important for young women experiencing an unwanted pregnancy and the relatively slow fall in the rate of abortion since 1990 is due to their lesser knowledge about effective contraception and a lack of responsibility shown by young people in their sexual life.

Tab. 5.4: Induced Abortion Rates by Marital Status and Age

	Induced Abortions per 1,000 Women of the Relevant Age and Marital Status									
Age Group	1990				1993		1997			
	Single	Married	Widowed or Divorced	Single	Married	Widowed or Divorced	Single	Married	Widowed or Divorced	
15-19	21.6	64.5	х	17.8	44.3	x	10.5	33.8	х	
20-24	57.4	86.5	123.3	32.1	47.7	75.5	21.2	27.5	48.0	
25-29	56.2	84.6	105.0	33.2	49.2	62.1	22.7	27.8	42.3	
30-34	46.4	64.9	73.5	25.6	40.5	48.4	21.5	25.4	35.2	
35-39	27.1	43.3	49.7	18.1	28.6	32.3	13.3	17.8	23.2	
40-44	9.1	15.2	16.7	8.1	11.7	13.5	5.8	7.8	9.2	
45-49	1.4	1.4	1.5	0.5	1.1	1.2	0.8	0.8	0.8	
Percentage of Total	16.7	74.1	9.2	21.7	68.2	10.1	28.2	59.3	12.5	

x - very low number of cases

More detailed data for years 1990-1997 can be found in Table 8 in the Appendix.

The above explanation of the radical solution for unwanted pregnancies among unmarried women with children is supported by a more detailed analysis of abortions according to the woman's age and number of children. More than half the pregnancies by unmarried women with children and almost two thirds of pregnancies of those with more than two children ended in abortion, although the percentage is slightly lower among those with more children. Among unmarried women without children, however, almost half the total number of pregnancies ended in abortion. For married women abortion was only the most common means of resolving an unwanted pregnancy when they already had two children, accounting for more than two thirds of all subsequent pregnancies. The total number of pregnancies ending in abortion fell since 1990, but about a third for married women and a quarter for unmarried women. Nevertheless almost every third pregnancy still ended in abortion, indicating a continuing high number of unwanted conceptions.

Tab. 5.5: Index of Induced Abortion by Marital Status and the Number of Previous Children

Number of Live	Number of Induced Abortions per 100 Children									
Births Prior		1990			1997					
to the Abortion	Total	Married	Unmarried ¹	Total	Married	Unmarried ¹	Single	Total		
None	26.0	2.6	216.8	23.1	2.4	97.0	102.4	89		
One	50.3	39.4	287.4	32.2	21.6	118.4	118.9	64		
Two	363.2	358.8	405.7	193.4	196.5	180.2	135.1	53		
Three or More	337.4	354.9	252.3	146.9	161.2	112.9	70.2	44		
Total	84.9	68.8	256.2	49.5	35.8	112.7	105.8	58		

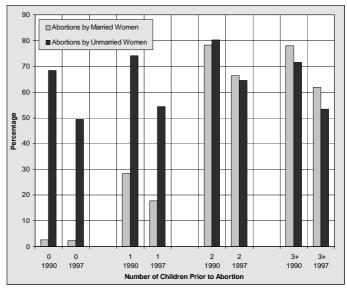
¹unmarried women: including single, divorced and widowed

Changes in reproductive behaviour can also be seen in the changing percentages of abortions by the number of previous pregnancies. It was assumed that after a first unwanted pregnancy ending in abortion women would begin to take greater precautions and avoid further abortions by using more effective contraception. This assumption is only being fulfilled very gradually. Only since 1995 has there been a steady fall in the number of second and third abortions, but the percentage of first abortions represents just over half the total.

The fall in the number of abortions was partly due to the use has spread rapidly since 1992. In 1992–1997 the number of Children according to the Marital Status and Number of availability of modern, safe and effective contraceptives. Their women of reproductive age registered as using some form of contraceptive under medical supervision rose from 21.1% to 37.8%, of which 29.1% use oral contraceptives.

One characteristic feature of reproductive behaviour in the 1990s is the independence of changes in the rates of fertility and abortion. In earlier years the prevailing social policy generally provided various social and economic benefits for larger families and the task of bringing up children had a certain social status (even if this was often only formal). Over the years these benefits were linked with restrictive measures aimed at limiting free choice as to the fate of an existing pregnancy or with freer access to abortion. The limited availability of abortion introduced by amendments to the abortion law then in force led to shortterm rises in the fertility rate or alternatively in the abortion rate. Only in 1993 was there a definite change of attitude towards abortion and responsible sexual behaviour, even though the indices of abortion are still much higher than in western European countries. The period of a dramatic fall in the abortion

Fig. 5.3: Percentage of Pregnancies Ending in Induced



rate has come to an end, however, and the tempo of its fall will be slower in the future. It is a generational phenomenon and its effects in the long term will depend primarily on the younger generation's motivation to make use of contraception.

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