Provision of Family Planning Services and Induced Abortion in Rural China

(Extended Abstract)

Xingshan Cao
PhD Candidate
Department of Sociology
University of Toronto
725 Spadina Avenue
Toronto, Ontario
M5S 2J4
Tel: 416-9464061
xcao@chass.utoronto.ca

Objective

Whether increasing contraceptive prevalence could reduce incidence of induced abortion has been a topic under long-term discussion (Bongaarts and Westoff 2000, Marston and Cleland 2003, Potter 1976). Many of previous studies examined the relationship between contraceptive prevalence and induced abortion based only on macro-level, such as national-level, data. How the local contraceptive supplies and other family planning services affect individual woman's use of induced abortion has rarely been investigated. This study is intended to examine whether provision of family planning services, including contraceptive supply and access to ultrasound B, could reduce women's likelihood of having induced abortion in rural China.

Hypotheses

Induced abortion has been playing a significant role for achieving the national population goal in China (Chen 2004). Each year, millions of induced abortions will be conducted in China. There are two major reasons of induced abortion in China. The first one is unplanned pregnancy, resulted in contraceptive failure or violating local birth policy (Qiao 2002). The other reason is sex-selective abortion (Chu 2001, Zeng et al 1993), which is primarily caused by son preference and facilitated by the modern prenatal diagnosing technology. Sex-selective abortions cannot be reduced by contraceptive supply. However, induced abortions, as results of unplanned pregnancies, to a large extent could be averted by timely contraceptive supply and improved family planning services.

Following the plan of action of 1994 ICPD, China government made a strong commitment to improve women's reproductive health. As part of a comprehensive national plan, changing family planning implementation and improving family planning services has been put on the top of the working agenda. In rural China, many health stations have been established or renovated in the past decade. Ultrasound B becomes widely available in rural areas. Meanwhile, some family planning services, such as gynecological exam, have become a routine for promoting reproductive health for rural women. Contraceptive supply, mainly on short-acting contraceptives, also has been improved in terms of the choices and amount. Regarding these improvements in provisions of family planning services in rural China, two hypotheses are developed:

Hypothesis I. Improved contraceptive supply will reduce women's likelihood of induced abortion.

Hypothesis II. Easy accessibility to family planning services, particularly ultrasound B, will increase women's likelihood of induced abortion.

Data and Method

The data we used are from the China National Family Planning and Reproductive Health Survey, which was conducted by the State Family Planning Commission in 2001. The survey was concerned with demographic changes and reproductive health of Chinese women as well as family planning services of the localities. Over 40000 women aged 15-

49 were interviewed. In this study, we focus on currently married women in the rural areas. Based on their pregnancy histories, we selected only pregnancies ended after 1998. The reason that we did not examine pregnancies before 1998 is because we do not have longitudinal records of village's family planning services.

The statistical method we employed is multilevel logit model. We run three separate models for pregnancies ended in the three years (1998-2000) we chose. The coefficients were estimated by the Generalized Estimating Equations (Zeger and Liang 1986).

Result

We found that township contraceptive supply has significant relationship with lower likelihood of induced abortion. But village-level contraceptive supply shows no sign of association with induced abortion. So Hypothesis I is partly supported by the analysis. Meanwhile, we didn't observe any significant influence of ultrasound B availability of locality on induced abortion. Therefore, Hypothesis II has to be rejected based on our analysis.

Discussions

Why township-level contraceptive supply is more preventive and effective, compare to village-level contraceptive supply? There are two possible reasons. First, township-level family planning services have better quality than those in the villages. When women obtain contraceptives from township family planning stations, they might receive well-informed knowledge about how to appropriately use the contraceptives. On the contrary, women might not be well informed by the village family planning staff when they distributing contraceptives. The second reason could be the cost of contraceptives. The 2001 survey showed that over 40 percent of the township family planning stations sell contraceptives and distribute them at the same time. The free distribution of contraceptives definitely has its contribution to fertility regulation. However, couples receiving free contraceptives might use them rather randomly, or might not even use them. But if they buy contraceptives from family planning stations or drugstores, they are more likely to use contraception intentionally and effectively. So the mechanism of monetary cost could be quite psychological.

The analysis confirms that to reduce induced abortion contraceptive supply must be combined with clear instructions on how to appropriately use the contraceptives. The analysis also implies that it might take long time to fundamentally change the quality of family planning services in rural China.