

Reports

Family Planning and Induced Abortion in the USSR: Basic Health and Demographic Characteristics

Andrej A. Popov

In 1988, the USSR Ministry of Public Health published official statistics on abortion for the first time in 60 years. Using the official data published in 1988 and unofficial statistics from a variety of independent sources, this report attempts to describe some of the basic features of fertility regulation in the USSR. Induced abortion is the main method of fertility regulation throughout the country, and a high proportion of induced abortions are unregistered and performed illegally. The availability and use of modern contraceptives is low; among those who practice contraception, traditional methods predominate. The official data leave much to be desired in the way of accuracy, reliability, and completeness. However, it is clear that the level of induced abortion is higher in the USSR than in any other country in the world. (STUDIES IN FAMILY PLANNING 1991; 22,6: 368-377)

Through the end of the 1920s, the USSR was the world leader in the study of abortion and family planning. The information base was unique with respect to the magnitude of data collection, the depth of data analysis, and the accessibility of secondary information (Central Statistical Board, 1927 and 1929). However, after the publication of the second volume in a series on abortions, in 1929, the dissemination of all official information on this topic by republic and province was barred and the use of statistics was restricted to the USSR Ministry of Public Health. The first official information about the level of abortions from 1929 onwards was published in September 1988.

The lack of information about family planning was and is felt not only by the general public but also by the research community. Because available data from 1929-88 are based solely on the results of sociohygienic and demographic sample surveys, on the estimates of experts, and on model reconstructions, the supply of information is neither complete nor accurate—not even satisfactory

for the very modest demands of researchers, both native and Western.

Primary data presently collected by the USSR Ministry of Public Health are more complete; however, they could be improved significantly and they are not being analyzed. For example, the distribution of induced abortions by age is still not available. Furthermore, the numbers of abortions among women under 17 years of age, abortion mortality, and the health complications due to abortion are not officially published to this day and remain unknown to researchers and to the population in general.

It is our hope that the present publication of officially disclosed statistics will reduce the dearth of information in this field. The data in this report provide an idea of the available disclosed information on abortion and family planning in the USSR. However, we caution the reader to exercise a critical approach toward these data; their accuracy, completeness, and validity are extremely low. For example, in 1988 only 77 cases of menstrual regulation were known to the USSR Ministry of Public Health in the Moldavian Soviet Socialist Republic. On the other hand, in 1986, it was reported that 2,200 menstrual regulations were performed in the Moldavian SSR capital of Kishinev in a single women's outpatient clinic (Polochevnaya, 1986). As there are numerous similar discrepancies between official and independent statistics, an extremely restrained approach toward the official statistics of the USSR Ministry of Public Health is warranted.

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Family Planning in the USSR

Family planning is a demographic instrument of the individual, of the family, of society, or of the government. Measures to promote free reproductive choice and responsible parenthood as basic and inalienable human rights must be at the core of family planning. This interpretation fully corresponds to the World Health Organization (WHO) definition of family planning and to the United Nations (UN) position on human rights (WHO, 1971; and United Nations, 1968).

However, the incorporation of family planning into national demographic, family, and social policies implies the subordination of family planning goals. This fact is most clearly manifest in the formulation of national family planning policy in contemporary China, where family planning has been converted into a tool to manipulate the reproductive life of individuals and has been promoted as the cheapest alternative for solving the government's economic problems.

The same relationship of interdependence between the government's social goals and those of family planning was also obvious in the USSR before 1988, and generated the following features of family planning:

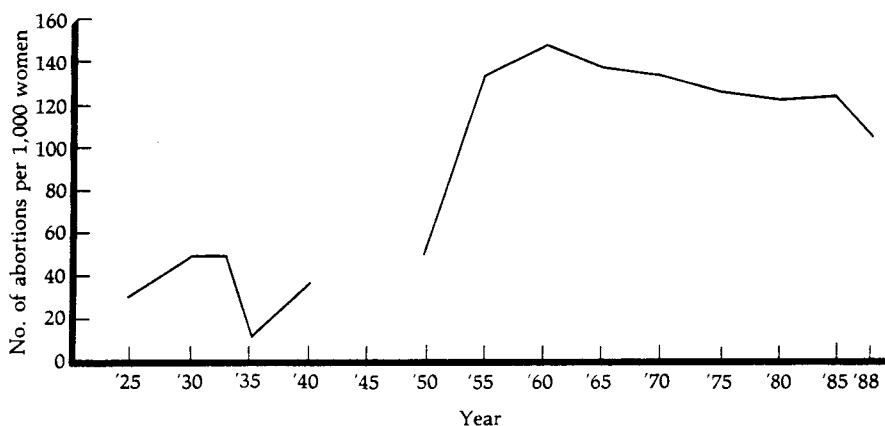
- 1 Although the right to family planning was formally proclaimed *de jure*, in accordance with international conventions, it was never *de facto* realized.
- 2 Services were inaccessible or nonexistent due to a total lack of information, an absence of specialized medical services and qualified personnel, and the unavailability of modern contraceptives.

- 3 The government prescribed reproductive behavior—from the formulation of the motives for human reproduction to the selection of birth control methods and reproductive goals.
- 4 The only easily accessible method of family planning was and continues to be induced abortion, which is permitted on the basis of social background.
- 5 Family planning behavior varies widely by region, according to the ethnographic, demographic, and socioeconomic realities within each region.

Abortion Trends

Trends in the level of abortions in the Russian Soviet Federal Socialist Republic (RSFSR) (Figure 1) and in the USSR (Table 1) provide evidence that the USSR is perhaps the only country in the world where the fertility transition occurred as a result of the widespread use of induced abortion. Moreover, the stable low level of fertility in the country—the total fertility rate is presently 2.4 births per woman—is maintained due to the use of induced abortion. This feature has no analogy among contemporary developed countries. As Figure 2 shows, there were more than 100 induced abortions per 1,000 women in the USSR in 1985, compared with 16 per 1,000 in Italy, where the rapid fertility decline that occurred in 1979–88 was not accompanied by an increase in recourse to induced abortion. Figure 3 further demonstrates the USSR's extremely

Figure 1 Number of induced abortions per 1,000 women aged 15–49, RSFSR, 1926–88



Note: Statistics for 1926–59 are based on estimates; those for 1960–88 are based on official data from the USSR Ministry of Public Health.
Sources: Calculations are based on Central Statistical Board of the USSR (1927 and 1929); Sadvokasova (1969); Remennik (1988); USSR Ministry of Public Health (1989).

Table 1 Selected measures of induced abortions, USSR, 1954–88

Year	Number of abortions (in thousands)	Abortions per 1,000 women 15–49	Abortions per 100 births
1954	na	134.5	na
1955	na	176.1	na
1956	na	244.5	na
1957	na	151.9	na
1958	na	154.4	na
1959	na	140.4	na
1960	na	147.9	na
1961	na	141.9	na
1962	na	140.4	na
1963	na	139.2	na
1964	na	139.2	na
1970	7,276	114.2	170
1975	7,135	105.7	153
1976	7,293	107.4	155
1977	7,238	106.1	154
1978	7,160	104.7	150
1979	7,009	102.4	146
1980	7,003	102.3	143
1981	6,834	99.6	137
1982	6,912	100.3	135
1983	6,765	97.7	124
1984	6,780	97.2	125
1985	7,034	100.3	127
1986	7,116	101.2	126
1987	6,818	97.0	121
1988 ^a	6,068 ^b	86.6	112
	6,503.7 ^c	92.6	118

Note: Statistics for 1954–64 on induced abortions per 1,000 women are based on estimates; all statistics for 1970–88 are based on official data from the USSR Ministry of Public Health. na = not available.

^a Includes abortions performed in departmental health services (such as the USSR Ministry of Transportation and the USSR Committee of State Security).

^b Excludes menstrual regulations (defined as vacuum aspirations performed within 20 days after a missed period), which require confirmation that implantation has occurred.

^c Includes menstrual regulations.

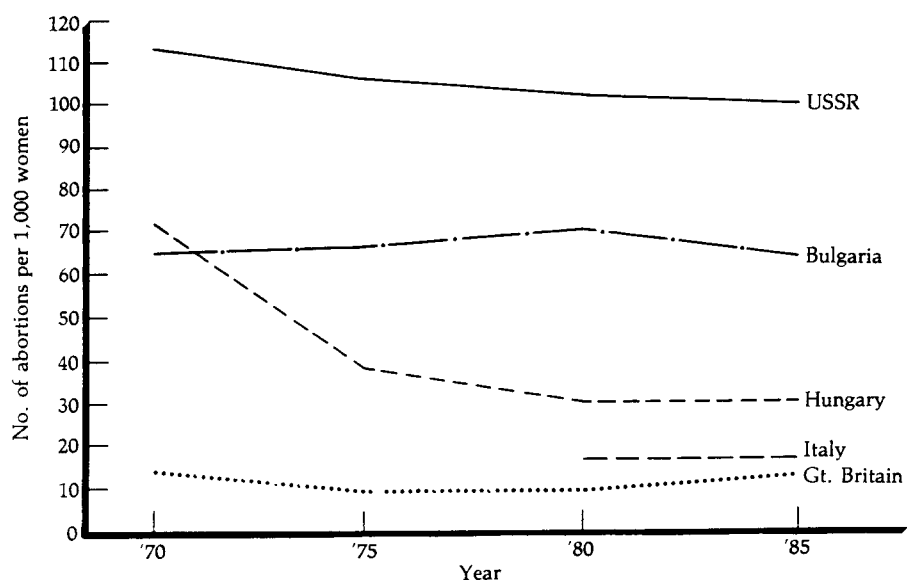
Sources: Calculated on the basis of Central Statistical Board of the USSR (1927 and 1929); Sadvokasova (1969); Remennik (1968); Goskomstat (1988); and USSR Ministry of Public Health (1989).

high level of induced abortion within the context of other countries that have undergone a fertility transition.

A decrease in the number of induced abortions in the USSR in the 1980s provides only a partial explanation for the decline in abortion levels during the decade. Indirect standardization shows that the decline in induced abortion in the urban and rural areas of the RSFSR during 1970–80 was entirely due to changes in the age structure of women of reproductive age. In addition, menstrual regulations began to be widely performed at the beginning of the 1980s, even though they did not appear in the official statistics until 1988, when they constituted about 7 percent of all induced abortions (see Table 1).

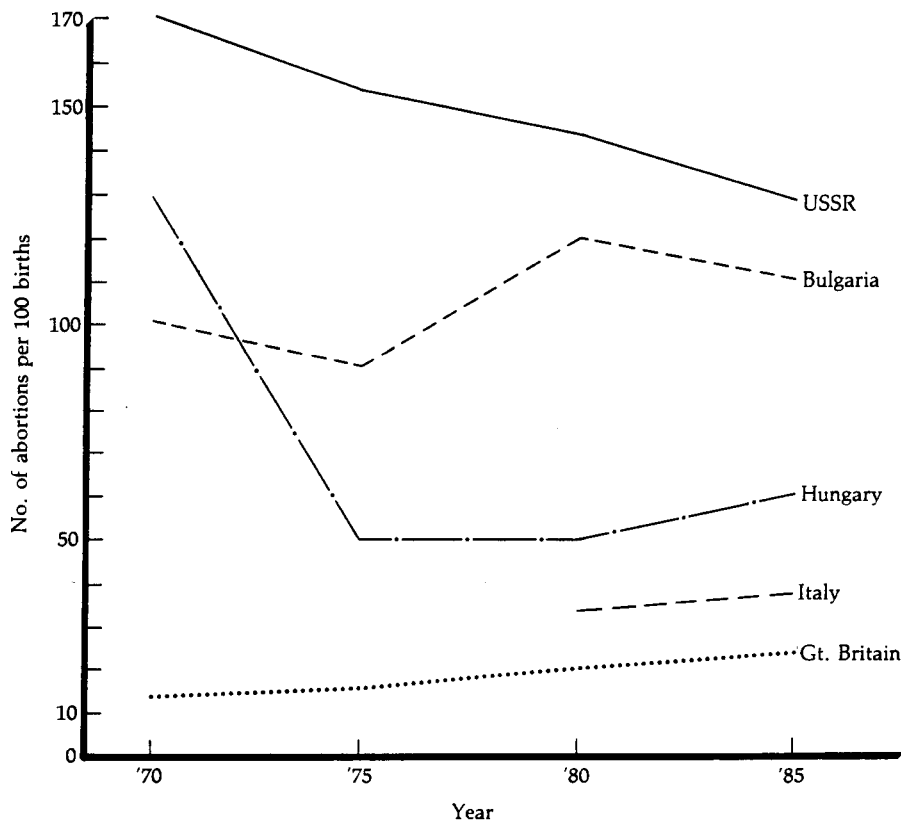
In 1988, there were 6.5 million officially registered induced abortions in the USSR. This figure could represent as much as 10–20 percent of the world total of 30–50 million induced abortions per year (Potts and Selman, 1979). If induced abortions that are initiated or performed outside of health care centers (that is, illegal or criminal abortions) were included in the total, the annual number of abortions would increase by 13 percent, according to official estimates (USSR Ministry of Public Health, 1989); by 50–70 percent, to 10–11 million, according to independent estimates (Popov, 1982 and 1990), or to 10–13 million, according to the Deputy Minister of the USSR Ministry of Public Health (Baranov, 1990). However, even the official level of registered induced abortions in the USSR is 2–10 times greater than the levels of induced abortions in Western and Eastern European countries, seen in Figures 2 and 3.

Table 2 shows the existence of considerable regional differentials in induced abortion levels in the USSR. The

Figure 2 Number of induced abortions per 1,000 women aged 15–49, USSR and selected European countries, 1970–85

Source: Calculations are based on United Nations (1980–1988).

Figure 3 Number of induced abortions per 100 births, USSR and selected European countries, 1970–85



Source: Calculations are based on United Nations (1980–1988).

differentials are completely dependent on the stage of the fertility transition of the respective republic, confirming the exceptional and universal importance of induced abortion as the instrument of the demographic transition in the USSR.

The impressive dimensions of regional differentials make the USSR seem like a miniature demographic model

of the world, comprised of a rich variety of socioeconomic, cultural, religious, and other demographic determinants. Within any single region or republic, similar enormous differences in levels of induced abortion can be observed; for example, in 1985 there were 45.6 induced abortions per 100 births in the Dagestan Autonomous Soviet Socialist Republic (ASSR) and 245.8 abortions per 100 births in

Table 2 Induced abortions, USSR and union republics, 1975–88

Union republics	Abortions (in thousands)				Abortions per 1,000 women 15–49			
	1975	1980	1985	1988 ^a	1975	1980	1985	1988 ^a
USSR	7,135	7,003	7,034	5,767	105.7	102.3	100.3	82.3
RSFSR	4,670	4,506	4,552	3,832	126.3	122.8	123.6	105.2
Ukrainian SSR	1,146	1,197	1,179	774	88.3	94.1	92.2	61.9
Byelorussian SSR	195	202	201	136	78.7	81.1	80.0	54.1
Usbek SSR	160	161	199	234	51.9	43.8	46.9	50.8
Kazakh SSR	391	378	367	295	108.7	99.2	90.7	72.2
Georgian SSR	95	89	69	73	74.0	67.7	52.4	54.5
Azerbaijani SSR	59	61	54	40	43.1	39.0	30.8	22.4
Lithuanian SSR	46	45	42	35	53.0	50.9	46.3	38.0
Moldavian SSR	93	96	103	95	89.7	90.7	96.0	88.4
Latvian SSR	58	60	58	51	91.4	92.5	88.7	76.8
Kirgizian SSR	64	65	69	68	84.1	76.6	73.8	67.7
Tadjik SSR	39	40	41	44	53.4	45.3	39.5	38.6
Armenian SSR	45	32	34	27	60.5	38.8	38.4	30.2
Turkmenian SSR	34	34	31	36	60.8	51.1	40.9	48.1
Estonian SSR	40	36	35	30	107.1	96.7	91.4	77.3

^a Excludes abortions in departmental health services.

Sources: Goskomstat (1988); and USSR Ministry of Public Health (1989).

Kamchatka Province (Table 3). The range of differences in induced abortion levels, however, is the widest in the RSFSR.

Table 3 provides data on abortions per 100 births in urban and rural areas of the RSFSR. As the table shows, the level of induced abortions within each region can be 3–4 times greater in rural areas than in urban areas, reflecting differences in living standards and life styles. While analyzing these data, it is necessary to keep the following in mind:

- 1 Frequently, measures of induced abortions in urban areas are substantially higher than in rural ones due to the lack of health care services that

Table 3 Induced abortion ratio per 100 births,^a selected regions in the RSFSR, 1970–85

Region and province	1970			1985		
	Total	Urban	Rural	Total	Urban	Rural
Northern Region	na	na	na	176.6	178.5	158.7
Arkhangelsk Province	165.4	172.8	121.9	147.6	156.8	163.0
Vologda Province	189.9	187.0	156.8	176.4	182.2	127.3
Murmansk Province	230.1	229.2	262.9	196.7	198.1	50.0
Karelian Autonom. SSR	170.5	170.3	183.3	174.2	174.5	84.8
Komi ASSR	203.1	209.1	178.1	185.0	185.7	181.5
Central Region	na	na	na	186.3	181.1	770.6
Bryansk Province	174.5	168.7	962.3	164.7	161.3	*
Vladimir Province	165.0	161.9	*	152.0	153.0	*
Ivanovo Province	193.5	192.7	*	175.5	174.7	*
Kalinin Province	200.8	198.4	307.2	181.7	182.8	120.9
Kaluga Province	173.4	167.3	212.7	147.4	134.8	261.7
Kostroma Province	194.8	186.8	310.3	183.4	168.8	388.4
Moscow, City of	196.2	196.2	na	181.0	181.0	na
Moscow Province	221.8	210.5	727.6	214.1	198.4	*
Orlov Province	208.2	201.8	324.5	206.6	196.4	655.0
Ryazan Province	147.4	203.8	420.8	191.7	189.7	368.7
Smolenski Province	147.9	130.0	666.4	151.8	136.9	675.5
Tula Province	232.5	221.3	*	220.3	217.9	*
Yaroslavl Province	209.5	206.2	389.4	188.6	184.0	154.6
North Caucasus Region	na	na	na	144.1	151.8	122.3
Krasnodar Province	195.6	173.5	254.7	187.1	170.4	239.8
Stavropol Province	153.9	160.1	139.3	161.5	166.6	147.7
Rostov Province	254.5	215.4	290.1	217.3	210.7	267.4
Dagestan SSR	56.5	81.0	25.2	45.6	63.7	20.4
Kabardino-Balkar ASSR	104.1	107.7	44.1	99.6	101.2	17.8
North Osetin ASSR	97.4	103.8	51.5	100.1	106.8	55.4
Checheno-Ingush ASSR	70.4	108.3	39.1	56.0	78.6	33.7
Ural Region	na	na	na	192.2	193.3	186.6
Bashkir ASSR	195.8	197.3	192.1	172.1	175.6	162.1
Kurgan Province	254.7	257.6	245.6	241.4	245.9	227.3
Orenburg Province	192.1	192.3	191.3	182.2	176.8	203.8
Perm Province	205.0	217.2	136.4	191.7	195.5	177.2
Sverdlovsk Province	235.4	235.2	243.0	208.9	209.3	189.6
Chelyabinsk Province	215.9	213.5	238.3	186.2	182.0	227.2
Udmurt ASSR	207.6	211.8	191.8	195.3	195.3	195.2
Far East Region	na	na	na	192.8	197.2	163.1
Primorsk Territory	284.5	298.8	213.6	198.1	196.9	205.5
Khabarovsk Territory	266.4	234.3	174.0	187.7	193.6	134.1
Amur Province	202.9	197.2	234.9	179.1	158.6	221.6
Kamchatka Province	267.9	267.8	269.0	245.8	241.9	286.9
Magadan Province	282.3	282.0	289.0	230.1	230.6	214.6
Sakhalin Province	237.1	235.5	318.5	222.8	214.0	835.2
Yakutsk ASSR	154.9	196.2	56.0	153.0	190.1	47.7

*Statistically unreliable measure.

Note: In the Soviet Union, the abortion ratio is calculated as the number of abortions per all births. na = official data not available.

^a Excludes abortions in departmental health services.

provide induced abortions to the rural population. Official rules stipulate that an abortion should be registered where it is performed rather than where the woman resides. This fact causes the transfer of a considerable proportion of rural abortions to "urban" statistics. The shift intensified in the 1980s when health care services were centralized—central regional hospitals were expanded, and rural ambulatory clinics and field midwife stations were eliminated.

- 2 On the other hand, the deformation of demographic processes in rural areas of the RSFSR is so great that the measure of the number of abortions per 100 births is methodologically erroneous.

Table 4 Induced abortion rate per 1,000 women 15–49,^a selected regions in the RSFSR, 1970–85

Region and province	1970	1975	1980	1985
Northern Region	na	na	na	115.9
Arkhangelsk Province	127.4	121.5	108.3	106.9
Vologda Province	122.9	126.5	117.9	126.4
Murmansk Province	157.2	152.5	118.9	105.0
Karelian Autonom. SSR	135.3	118.9	102.8	113.5
Komi ASSR	180.2	166.3	129.1	128.5
Central Region	na	na	na	104.5
Bryansk Province	98.7	89.1	96.1	104.3
Vladimir Province	111.1	95.2	87.7	86.1
Ivanovo Province	115.0	103.4	101.4	98.6
Kalinin Province	105.4	101.3	103.4	104.3
Kaluga Province	83.7	80.7	80.3	86.1
Kostroma Province	126.4	122.7	115.6	97.8
Moscow, City of	109.3	112.6	102.6	101.7
Moscow Province	109.9	100.0	93.7	74.0
Orlov Province	118.1	96.8	105.9	118.2
Ryazan Province	108.8	106.7	107.1	98.2
Smolenski Province	97.9	94.0	87.3	98.0
Tula Province	124.4	105.7	105.3	113.5
Yaroslavl Province	116.4	109.7	105.1	105.9
North Caucasus Region	na	na	na	107.8
Krasnodar Province	146.2	127.9	122.3	122.0
Stavropol Province	117.8	127.9	122.3	122.0
Rostov Province	156.0	139.3	129.5	131.3
Dagestan SSR	60.4	74.9	61.4	55.6
Kabardino-Balkar ASSR	117.0	94.8	82.0	90.1
North Osetin ASSR	112.3	85.4	66.5	75.0
Checheno-Ingush ASSR	79.7	77.4	68.4	56.9
Ural Region	na	na	na	132.6
Bashkir ASSR	151.0	129.6	127.7	118.5
Kurgan Province	194.0	190.1	171.4	133.5
Orenburg Province	137.4	124.7	126.8	169.8
Perm Province	172.3	165.2	125.3	132.4
Sverdlovsk Province	172.3	165.2	125.3	132.4
Chelyabinsk Province	na	na	135.2	130.2
Udmurt ASSR	150.6	137.2	133.5	146.9
Far East Region	na	na	na	125.7
Primorsk Territory	178.8	162.8	186.8	129.6
Khabarovsk Territory	168.1	165.6	144.5	122.2
Amur Province	163.3	144.9	133.5	111.6
Kamchatka Province	191.0	184.1	158.2	149.5
Magadan Province	198.8	194.3	149.2	126.1
Sakhalin Province	178.9	181.8	143.3	131.5
Yakutsk ASSR	138.8	133.2	113.5	121.7

Note: na = official data not available.

^a Excludes abortions in departmental health services.

Because there are low numbers of births in many rural areas of the RSFSR, the game of small numbers leads to statistically unreliable measures of 1,000, 2,000, and more abortions per 100 births.

3 Under these circumstances, it appears that it would be methodologically most appropriate to use the number of abortions per 1,000 women aged 15-49 as the measure of abortion levels, without distinguishing between urban and rural areas; doing so would eliminate the impact of demographic structural factors. Such data for subdivisions of the RSFSR are provided in Table 4.

If, however, we assume that the measure of 770 (!) abortions per 100 births in the rural areas of the Central Region of the RSFSR is statistically reliable, this level is without comparison in the rest of the world: It is 33 times greater than the level in Great Britain and 12 times the level in Hungary (see Figure 3). (It should be pointed out that the size of the Central Region is not much smaller than that of France—485,000 sq. km. versus 551,000 sq. km., respectively.)

Contraceptive Method Mix

Table 5 illustrates the predominance of traditional contraceptive methods among contraceptive users in Moscow. Figure 4 shows the differences between Hungary and Moscow in the composition of family planning methods used. The disparity between Hungary and Moscow in the

Table 5 Percentage of users of specific contraceptive methods, Moscow sample surveys, 1966-83

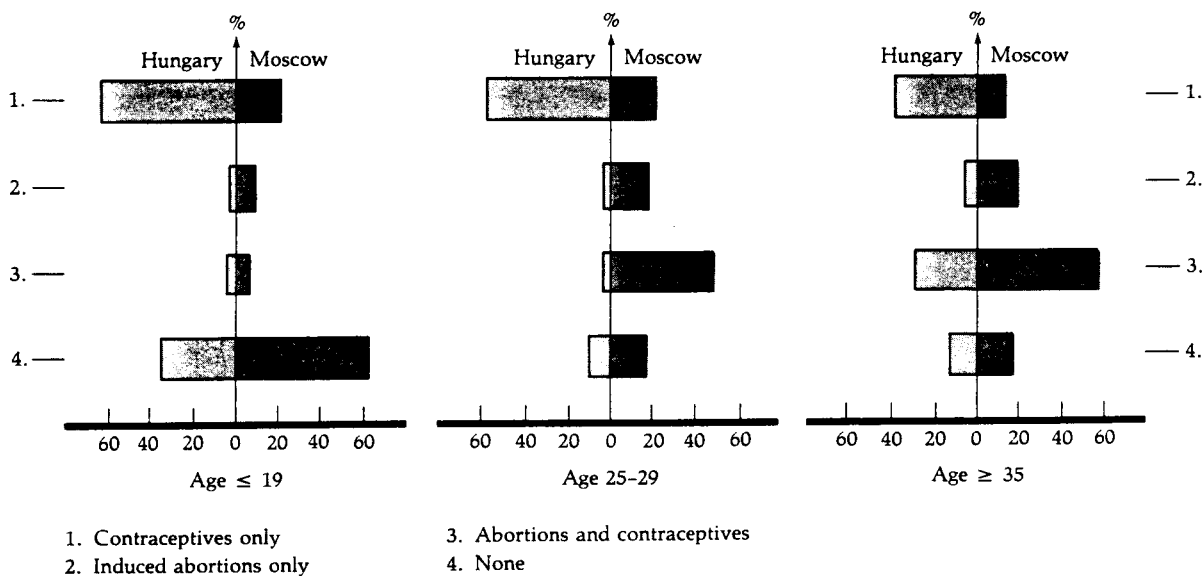
Method	Year of survey/publication			
	1965-66	1978	1982	1983
Withdrawal	32	34	14	25
Rhythm (calendar)	—	18	28	27
Condom	46	42	22	24
Diaphragm	—	1	1	1
IUD	—	8	11	10
Orals	—	4	4	2
Spermicides	1	—	3	3
Rhythm (temperature)	—	—	2	—
Douche	—	23	17	8
Combinations	12	—	—	12

Note: The sums of columns differ from 100, because in the sample surveys respondents were allowed to select two or more answers.

Sources: Belova and Darski (1972) for 1965-66; Achilidieva and Loseva (1988) for 1978 and 1982; and Popov (1986) for 1983.

relative proportions of induced abortions and contraceptive use reflects the differences between Hungary and the USSR in the availability of adequate information on family planning, of health care services, and of contraceptive supplies. For example, in the RSFSR, 70 percent of patients at women's health centers are not informed about contraception (Ovcharov et al., 1987), and up to 90 percent of the reasons given for selecting a particular method or for not using any method relate to contraceptive unavailability (Popov, 1986; Avdeev, 1988). Consequently, the use of traditional contraceptive methods predominates in Moscow, while the use of modern methods, par-

Figure 4 Use and nonuse of family planning methods (in percent), Moscow, 1982 and Hungary, 1986p. 375



Source: Sheregely (1986); Popov (1986).

ticularly the pill and the IUD, prevails in Hungary.

Figures 5, 6, and 7 show the availability of specific contraceptive methods in the USSR. The availability of contraceptives, defined as the ratio of demand for specific methods (equal to 100 percent) to the amount of supplies in the state pharmacy network, amounted to only 10–30 percent of demand in 1989. The demand for contraceptives was calculated by the official method of the USSR Ministry of Public Health (USSR Ministry of Public Health, 1989). It should be noted that despite the conditional and approximate nature of this methodology, it is used in health care planning rather than the more accurate and correct demographic models.

Regional differentials in the use of family planning methods are similar to the regional differentials in the distribution of induced abortions. Moreover, earlier calculations showed evidence of enormous regional differences in the availability of contraceptives in the RSFSR, from 70 percent of demand in Moscow to 4 percent of

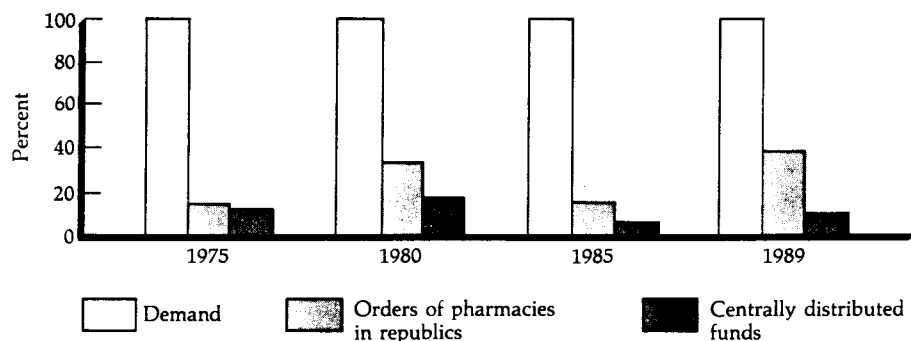
demand in the Krasnoyarsk Territory in 1980 (Bednyi et al., 1986).

As a result of the lack of availability of contraceptives and the widespread network of abortion clinics, 25 percent of Moscow women of all ages prefer induced abortion to any other method of family planning, and they do not use any modern method of contraception (Popov, 1986).

Illegal Abortions

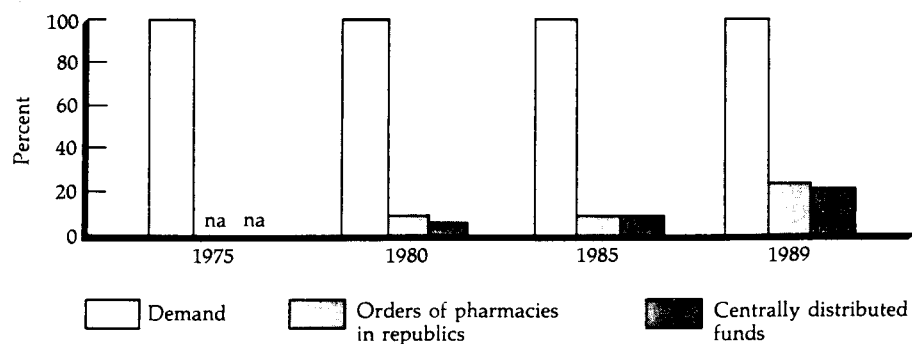
Official statistics on illegal abortions (abortions that are initiated outside of health care establishments) include only those that resulted in complications and required hospitalization and follow-up treatment. Data from local health sample surveys, which probably present a more realistic picture of the extent of illegal abortion, show that illegal abortions may account for up to 70 percent of all

Figure 5 Availability of condoms (in percent), USSR, 1975–89



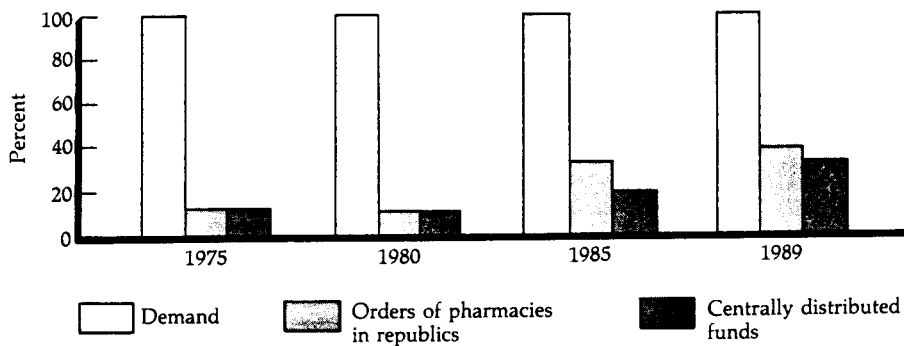
Source: Calculations are based on USSR Ministry of Public Health (1989).

Figure 6 Availability of oral contraceptives (in percent), USSR, 1975–89



Note: na = no data available.

Source: Calculations are based on USSR Ministry of Public Health (1989).

Figure 7 Availability of IUDs (in percent), USSR, 1975–89

Source: Calculations are based on USSR Ministry of Public Health (1989).

induced abortions in the USSR (assuming a total of 10–11 million in the 1980s).

Table 6, which is based on incomplete official statistics, shows that 13 percent of all induced abortions in the USSR in 1988 were performed outside of the health care system and are therefore considered illegal. Among the total number of induced abortions performed on primigravidae, 20 percent were illegal; 15 percent of induced abortions performed on adolescent women aged under 17 were illegal. Further, according to these official statistics, two-thirds (68 percent) of all deaths due to induced abortion in 1988 were the result of illegal abortions

performed outside of health care establishments.

The most tragic consequence of the lack of family planning services in the USSR is the exceptionally high level of maternal mortality. As Table 7 shows, in 1988, there were 2,312 maternal deaths in the USSR, for a maternal mortality rate of 43 deaths per 100,000 live births. Although the 1988 ratio is lower than that in 1980, it remains exceptionally high in comparison with other European countries.

Even in the absence of family planning services, the populations of different republics experience unequal conditions. Tables 8 and 9 demonstrate the wide variation

Table 6 Number and percentage of all induced abortions that are illegal,^a and among all abortions, percentage of illegal abortions performed on primigravidae and on women under age 17; and percentage of all abortion deaths that resulted from illegal abortions, USSR and union republics, 1988

Union republics	All induced abortions (N)	Illegal induced abortions (N)	All induced abortions			% of all abortion deaths that resulted from illegal abortions
			% illegal	% illegal among primigravidae	% illegal among women <17	
USSR	5,767,221	737,107	12.8	20.4	15.2	67.7
RSFSR	3,832,240	418,147	10.8	16.1	14.1	72.8
Ukrainian SSR	773,792	88,742	11.5	19.6	14.8	55.3
Byelorussian SSR	135,493	21,159	15.6	23.8	21.6	66.7
Usbek SSR	233,986	63,901	27.3	60.3	44.4	64.7
Kazakh SSR	294,596	47,637	16.2	28.8	24.1	90.9
Georgian SSR	73,773	8,769	11.9	46.3	17.7	100.0
Azerbaijani SSR	39,885	9,498	23.8	75.1	100.0	100.0
Lithuanian SSR	34,845	5,050	14.5	27.3	16.6	100.0
Moldavian SSR	94,998	12,192	12.8	21.8	17.9	16.7
Latvian SSR	50,587	7,039	13.9	23.9	23.4	100.0
Kirgizian SSR	67,667	17,888	26.3	40.0	14.8	36.7
Tadjik SSR	43,463	17,357	39.9	61.4	23.8	29.4
Armenian SSR	26,670	5,929	22.2	75.2	70.6	100.0
Turkmenian SSR	35,514	9,254	26.1	45.1	27.4	33.3
Estonian SSR	29,712	4,495	15.1	18.9	16.8	—

Note: Excludes abortions performed in departmental health services.

^a Induced abortions initiated outside of health care establishments (illegal) are induced abortions officially defined as "abortions that started and/or were initiated outside of health care establishments."

Source: USSR Ministry of Public Health (1989).

Table 7 Maternal deaths per 100,000 live births,^a and absolute numbers of maternal deaths, by cause of death, USSR, 1980 and 1988

Cause of death	1980		1988
	Per 100,000 live births	Per 100,000 live births	Absolute number
All causes	56.4	43.0	2,312
Extrauterine pregnancy	3.3	2.3	123
Spontaneous abortion	1.3	1.0	55
Illegal abortion ^b	19.8	10.0	536
Hemorrhage during pregnancy or birth	7.8	6.2	334
Toxemia of pregnancy	6.1	4.4	236
Sepsis during birth or postpartum	2.3	1.7	93
Other	15.8	17.4	935

^a Excludes abortions in department health services.^b Abortions that were initiated outside of health care establishments.

Source: USSR Ministry of Public Health (1989).

Table 8 Maternal mortality ratio (per 100,000 live births), USSR and union republics, 1980 and 1988

Union republics	1980	1988
USSR	56.4	43.0
RSFSR	68.0	50.0
Ukrainian SSR	44.8	38.2
Byelorussian SSR	29.1	24.5
Uzbek SSR	46.3	38.9
Kazakh SSR	55.6	48.6
Georgian SSR	25.7	22.8
Azerbaijani SSR	38.7	21.7
Lithuanian SSR	27.0	19.4
Moldavian SSR	64.1	35.0
Latvian SSR	25.3	29.1
Kirgizian SSR	49.4	53.8
Tadjik SSR	94.2	43.6
Armenian SSR	27.0	29.4
Turkmenian SSR	40.8	33.4
Estonian SSR	27.0	23.9

Source: USSR Ministry of Public Health (1989).

in maternal mortality ratio and in the proportion of maternal deaths due to specific causes among the republics of the USSR.

Summary and Conclusions

An important objective of this report was to provide researchers and others interested in the topic with basic information about the methods of fertility regulation in the USSR. Between 1929 and 1988 absolutely no official or representative data were published, although through the end of the 1920s the USSR devoted more attention to these issues than any other country in the world. The official data published after 1988 leave much to be desired in the way of accuracy, reliability, and completeness. Clearly, however, the level of induced abortions, legal and unregistered (illegal), has been higher, at least since the mid-1950s, than in any other country in the world. At the same time, the use of contraceptives has been very low and the methods used are predominantly traditional ones. This situation is due to many factors, but mainly to the lack of information on family planning methods and to the very restricted availability of services and modern methods of contraception.

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Table 9 Percentage distribution of specific causes of maternal mortality, USSR and union republics, 1988

Union republics	All causes (N)	Percent							Total
		Extra-uterine pregnancy	Spon-taneous abortions	Illegal abortions	Hemor-rhage	Toxemia	Sepsis	Other	
USSR	2,312	5.0	2.4	23.2	14.5	10.2	4.0	40.5	100.0
RSFSR	1,175	6.3	2.6	30.9	12.6	12.6	2.6	32.3	100.0
Ukrainian SSR	284	6.7	2.8	27.1	13.4	9.2	6.3	36.2	100.0
Byelorussian SSR	40	15.0	5.0	25.0	5.0	7.5	0.0	42.5	100.0
Uzbek SSR	270	0.4	1.1	4.8	17.8	4.8	3.3	67.8	100.0
Kazakh SSR	198	4.0	3.5	17.7	18.7	11.1	10.1	34.9	100.0
Georgian SSR	21	0.0	0.0	0.0	14.3	4.8	4.8	76.2	100.0
Azerbaijani SSR	40	10.0	0.0	7.5	30.0	10.0	10.0	32.5	100.0
Lithuanian SSR	11	0.0	0.0	27.3	9.1	9.1	18.2	36.4	100.0
Moldavian SSR	31	3.2	3.2	32.3	9.7	9.7	0.0	41.9	100.0
Latvian SSR	12	0.0	0.0	25.0	25.0	0.0	0.0	50.0	100.0
Kirgizian SSR	72	6.9	1.4	9.7	12.5	2.8	6.9	59.7	100.0
Tadjik SSR	88	3.4	1.1	3.4	18.2	5.7	3.4	64.8	100.0
Armenian SSR	22	4.6	4.6	9.1	18.2	22.7	0.0	40.9	100.0
Turkmenian SSR	42	2.4	0.0	14.2	21.4	4.8	14.3	42.9	100.0
Estonian SSR	6	0.0	0.0	0.0	16.7	16.7	0.0	66.6	100.0

Note: A full definition of causes is given in Table 7.

Source: USSR Ministry of Public Health (1989).

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