

## **First Pregnancy and Reciprocal Impact of Abortion and Fertility in Romania**

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### **Research issues**

High level of abortion was and still is a problem in Romania. This is proved also by the particular history of abortion laws since 1957, which profoundly marked the Romanian age pyramid, and by the high incidence of legal abortion number compared with the number of live births. In 1990, when free abortion was again legalized in Romania, a black record of more than 3 abortions for every live birth occurred. During more than 10 years of free access to family planning the registered values of this indicator haven't lowered to less than 1, but only in 2004.

This paper proposes an investigation of the abortion phenomenon impact on the fertility decline in Romania, between the late 1980s and early 2000s. A second issue is to find the factors that are relevant on these two phenomenons.

Theories useful for our topic are linked to differences in motivation for low fertility in the first demographic transition and in the second one. In the first demographic transition women reduced their fertility when they had the number of children they wanted, while in the second demographic transition birth control is practised for planning the timing of birth for the children one wants to have. By studying the first abortion I am able to distinguish between those having it after at least a birth (first demographic transition type behaviour) and those having it before any birth (second demographic transition type behaviour). By studying the first pregnancy and its outcome I will find those who decide to give up the first child (second demographic transition type behaviour, in a society with low level of using modern contraception).

Regarding the factors' effect issue, I consider some other theories on fertility decline focused on individual decision-making (micro-level factors) and on social constraints (macro-level factors). Differences in quantum and tempo of first birth and first abortion upon education and financial autonomy of women, marital status, religiosity, residency area and region of development are shown. Cohort affiliation and period according to abortion laws regulation are considered. Regression models permit us to evaluate the effect of all these factors, excepting the human capital proxies (which were registered at the moment of interview rather than a history of them).

### **Methodology and data**

The data come from the Reproductive Health Survey conducted in Romania in 2004 on a national representative sample of 4441 women.

As methodology I use the life-tables, logistic regression and piece-wise constant proportional hazard rates regression.

### **Envisaged outcomes**

The life tables give us precious indicators of the quantum (cumulated percentage of women which would experiment the event) and of the tempo (quartiles, median and average age) effects. The factors influencing the phenomenon are studied one by one, in order to distinguish the differences between various population categories.

The logistic and the hazard regressions permit us to study the together influence of the factors introduced in the model, so we will see the pure influence of each of them, by controlling the others. The  $\beta$  regression coefficients show us the quantum and the direction of the effect, and the  $\exp(\beta)$  indicators permit the evaluation of odd ratios and relative risks of experiencing the event for different categories of exposed populations.