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Abortion And Contraception In The Korean Fertility Transition

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Abstract

Using data from the Korean World Fertility Survey, this paper analyzes the relationship between the use of abortion and contraception among married women in a society experiencing a rapid decline in fertility. The level and pattern of abortion utilization before and after the widespread availability of modern contraceptives are described, and the implications of the changing patterns of abortion and contraceptive use are discussed.

Low fertility and only a small amount of unwanted childbearing have been shown to be a consequence of the widespread use of both modern contraception and abortion (Tietze and Bongaarts, 1975). Changes in the use of contraception and abortion are especially important in countries experiencing major declines in fertility and an evolution toward a modern pattern of childbearing. However, accurate informaton on abortion utilization is typically not available for countries undergoing major changes in fertility. Korea represents an almost unique case in that a large amount of high quality survey data exists on recent changes in fertility, contraceptive use and abortion.

This paper deals with three aspects of the relationship among abortion, contraceptive use and fertility. First, we examine the trend of abortion utilization. Second, we consider changes in the initiation of abortion and contraception in the reproductive cycle.

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Table 1. Number of Induced Abortions per 1000 Live Births to Women Aged 15 to 39, by Pregnancy Order: 1960~64, 1965~69 and 1970~74

Pregnancy	Induced Abortions per 1000 Live Births		
	1960~64	1965~69	1970~74
1	19*	74	91
2	29	95	97
3	66	99	174
4	76	199	351
5	93	273	573
6	175	464	964
7	305	638	1163
8	867	1552	1722

* Based fewer than 20 induced abortions.

the family planning program was well established and contraception and abortion were, by almost any standards, easily available.

Because we wish to show the increasing ratio of abortions to live births over time, we have constructed Table I so that *events*, not person-years of exposure to the risk of having an abortion, are highlighted. The denominator of the ratio is the number of live births that terminated a specified pregnancy and occurred in a specified period to women aged 15 to 39 during that period. A women could, of course, have pregnancies (and thus abortions) in more than one of the three periods covered in the table.

The data in Table I show that there has been a significant increase over time in the probability of a pregnancy ending with an induced abortion. The ratio of abortions per 1,000 live births (through the first eight pregnancies) increased from 77 in 1960 to 1964 period, to 175 in the 1965 to 1969 period and to 277 in the years between 1970 and 1974. The increase is apparent at every pregnancy order.

The ratio of abortions to live births has *not* increased because of a decline in the number of births over time. In fact, there has been an increase in the number of first to fourth live births in each successive time period (data not shown). There has been a decline in the number of higher order of births, but the more important change has been

a dramatic increase in the number of pregnancies ending in induced abortion.

At least three factors interact to cause the increase in the abortion-live birth ratio. First, there has been a decline in the proportion of women desiring higher order births. Women pregnant for a fourth time between 1970 and 1974 were more likely to have an abortion than women pregnant for the fourth time a decade earlier. Second, the proportion of first pregnancies ending in induced abortion has increased because of an increase in premarital conceptions. One indication of the increase in premarital conceptions is the increase in the number of women having a first pregnancy outcome within the first year of marriage. Although not exact, a useful approximation of this change can be found among World Fertility Survey respondents whose first marriages occurred in 1960, 9.8 percent of whom terminated their first pregnancy either before or during 1960. Among those married in 1965, 14 percent had a first pregnancy outcome either before marriage or during 1965. Among those married during the 1970s, over 20 percent had a pregnancy outcome before the end of their first year of marriage. Third, contraceptive prevalance increased dramatically between 1960 and 1974. The lower order pregnancies that occurred in the 1970 to 1974 period were more likely to end in induced abortion beause a larger proportion of women had decided to regulate their fertility early in the reproductive period. More and more women were using abortion in cases of contraceptive failure or of unwanted pregnancy following the cessation of contraceptive use.

Previous research has shown that women who use contraception are more likely to have an abortion than women who do not use contraception (Tietze and Murstein, 1975, p. 58-59). Table II presents data on the relationship between contraceptive use and abortion that confirm these findings. Contraceptors are more likely to have had an abortion than noncontraceptors. This helps explain the observed increase in abortion-live birth ratios over time. In particular Table II shows that women who used contraception in a particular interval were much more likely to terminate that interval with an induced abortion than women who did not use contraception during the interval. It shows further that the ratio of abortions to live births has changed very little among interval contraceptors. The greatest increases have occurred among noncontraceptors.

Comparisons of abortion-live birth ratios between contraceptors and noncontracep-

Third, we review the relationship between the initiation of abortion and the first use of contraception.

The issues raised are important because the initiation of abortion and contraception has an important impact on the tempo of childbearing and, thus, on overall fertility and the speed of any decline in fertility (Rindfuss and Westoff, 1974). We know that use of contraception and abortion in Korea has been increasing. The changes in the first use of contraception and abortion are more difficult to document. First use of fertility regulation is important because it is closely associated with the subsequent pattern of family building. Women who use contraception or abortion early in their reproductive periods have lower fertility than those who delay the start of fertility control until later in the reproductive life cycle.

BACKGROUND

The 1976 National Fertility and Family Planning Evaluation Survey found that the Total Fertility Rate (TFR) in Korea was 3.2, a decline of 50 percent from the 1955-1960 reported TFR of 6.3 (Park, Choi and Kwon, 1979, p. 112, Table 6-1). Age-specific fertility rates have also declined. The changes have been especially dramatic among young women because of increase in the age at marriage, and among older women because of the curtailment of childbearing fairly early in the reproductive period. Age-specific fertility rates declined by more than 70 percent between 1960 and 1976 for women aged 15 to 19 and by more than 75 percent for women aged 35 to 49. Age-specific martial fertility rates have declined as well. However, the change has been less than that of age-specific fertility at younger ages because of increases in the tempo of childbearing among recently married women (Donaldson and Nichols, 1978).

Contraceptive prevalence among women of reproduction age in Korea increased from nine percent in 1961 to 44 percent in 1976. In 1976, almost two thirds of all currently married women had had some experience with family planning. Contraceptive use is positively associated with ago, parity and education. Prevalence is higher in urban areas than in rural areas, although this differential is narrowing. It is only among the youngest women, those with one child and those who have no living children, that the

proportion using contraception is below 30 percent (Park, Choi and Kwon, 1979, pp. 185-186, Tables 18-14 and 8-16).

The use of induced abortion has also increased.* The ratio of abortions per 1000 live births increased from 195 in 1965 to 667 in 1975 (Park, Choi and Kwon, 1979, p. 139, Table 7-1). During the same period, there was an 84 percent increase in the number of induced abortions per 1000 women aged 15 to 44, from 35 per 1000 in 1965 to 64 per 1000 in 1975. Tabulations of the number of induced abortions by the number of children ever born show that highest induced abortion by the number of children ever born show that highest induced abortion rates are among women with three or more children. However, since the available data have not been tabulated to show the number of births or pregnancies at the time of a particular abortion, the relationship between abortion utilization and fertility control remains somewhat obscure, a fact that has been recognized for some time by Korean scholars (Park, Choi and Kwon, 1979, p. 148).

THE KOREAN WORLD FERTILITY SURVEY

Fieldwork for the Korean World Fertility Survey (WFS) was conducted between August and December 1974 among a sample of 5420 ever-married women aged 15 to 49. The WFS sample is a self-weighting, nationally representative probability sample based on a three-stage design. The response rate was 95 percent. All indications are that the data are both representative of the universe of married women in the reproductive period and of high quality. A complete review of the study procdures and a report on the major findings are available in the *Korean National Fertility Survey: First Country Report* (Bureau of Statistics and Korean Institute for Family Planning 1977).

The Korean World Fertility Survey is one of a series of sample surveys that have been

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* Hong and Tietze note that: "Prior to 1973 legal abortion in the Republic of Korea was limited by law and judicial decisions to narrow medical indications. However, the law was not enforced, and abortion could easily be obtained from physicians who performed the procedure in their own private clinics. Because of lack of enforcement, large segments of the general public were unaware of the legal status of abortion.... In 1973 legislation was adopted authorizing termination of pregnancy on medical, eugenic, and juridical indications" (Hong and Tietze, 1979, p. 161).

carried out in Korea since the early 1960s. Since the fieldword for WFS was completed, additional surveys have been undertaken in 1976 and in 1978. We will make reference to the more recent studies, although our analysis is based exclusively on the WFS data.

For this report we use data collected from 4867 once-married women with no history of prolonged marital separation. As the purpose of the study is to examine the interval-specific utilization of fertility control measures, the sample was restricted to those with uninterrupted exposure to childbearing since the first marriage. These women represent 90 percent of all ever-married women interviewed. The remaining 563 women were either no longer in their first marriage or had experienced periods of marital separation of sufficient length to affect ferility.

ABORTION UTILIZATION

At the time of the survey, contraception was currently being used by 46 percent of all exposed women; that is, currently married, nonpregnant women who considered themselves to be fecund, plus currently married women whose husbands, or who themselves, had been sterilized for contraceptive purposes. Thirty one percent of the currently married respondents reported having had at least one induced abortion; the average number per woman in this group was 1.9. Of the approximately 23,800 pregnancies occurring to women before the survey, 14 percent had ended in induced abortion.

Use of induced abortion, of course, increases with the number of completed pregnancies a woman has had. Six percent of the respondents with only one completed pregnancy report having an induced abortion. Among those with four completed pregnancies, the figure is 26 percent; among those with eight or more pregnancies, more than half have had at least one induced abortion.

The use of abortion reflects both respondents' desire for additional children and their success at using other methods of fertility regulation. Thus, it is not surprising that use of abortion is more widespread among contraceptors than among women who have never practiced family planning. Women who use contraception do not want to become pregnant, and are more likely than noncontraceptors to have had abortion when they do

become pregnant. Only 11.3 percent of those who have never used a contraceptive method have had an induced abortion. Among past, but not current, users of contraception, 41.2 percent have had an induced abortion. Among current (nonsterilized) users, 48.6 percent have had an induced abortion.

Tabulations of the ever use of abortion, such as those published in the World Fertility Survey First Country Report, are useful indicators of the cumulative experience of women during the reproductive years. However, because the level and pattern of fertility, contraceptive use and abortion are changing rapidly in Korea, such tabulations may be misleading in that they are based on the experience of women with very different degrees of access to fertility control services as well as different reproductive goals and fertility histories.

It is particularly important to control for period or temporal effects when considering the relationships among abortion, contraceptive use and fertility in Korea. Although the Korean government began to provide family planning services in 1962, in late 1964 contraception became widely available throughout the country when the government hired 1500 family planning field-workers to promote contraceptive use and help deliver supplies. Chai Bin Park has highlighted the significance of period factors in a paper dealing with the effect of son preference on fertility. Park shows that the sex composition of the first three children is a significant determinant of the probability of havng a fourth child only after 1965, the start of a vigorous national family planning program in Korean (Park, 1978, pp. 98, 103). Park and others have also shown that the impact of infant mortality varies before and after the growth of Korea's national family planning program (Park, Han and Choe, 1979).

TRENDS IN ABORTION UTILIZATION

Table I presents data on the trend in the utilization of induced abortion from 1960 to 1974. The Table shows the number of induced abortions per 1000 live births by pregnancy order for women aged 15 to 39 in three time periods: 1960 to 1964, before the employment of family planning field-workers by the Korean government; 1965 to 1969, the early years of the field worker based program; and 1970 to 1974, a period in which

Table 2. Number of Induced Abortions per 1,000 Live Births to Women Aged 15 to 39, by Pregnancy Order and Contraceptive Use During the Specified Interval: 1960~64, 1965~69 and 1970~74

Pregnancy	Induced Abortions per 1000 Live Births					
	1960~64		1965~69		1970~74	
	Non-Use	Use	Non-Use	Use	Non-Use	Use
1	18*	111+	74	87*	83	211*
2	20	412+	82	326*	71	266
3	53	393*	61	444	116	383
4	45	739*	113	674	202	797
5	54	1667+	153	1053	305	1340
6	114	1500+	294	1324	530	2422
7	206	1546+	231	3286+	642	2560
8	483*	—	1056+	2364+	828	5429+

* Based on fewer than 20 induced abortions.
\+ Based on fewer than 20 live births.

Table 3. Percent of Women Aged 15 to 39 Using Contraception During Specified Pregnancy Intervals: 1960~64, 1965~69 and 1970~74

Pregnancy Interval	Percent Using Contraception		
	1960~64	1965~69	1970~74
1	1.3*	2.8	6.7
2	3.1	6.9	15.7
3	5.3	13.3	25.5
4	7.2	21.4	32.7
5	5.8	20.8	38.2
6	9.7	25.9	39.1
7	16.3	34.3	43.8
8	20.3*	50.0	45.6

* Based on fewer than 20 interval contraceptors.

tors are useful in illustrating the importance of contraceptive status in the utilization of abortion. The data presented in Table II, however, do not reveal the changing pattern of

interval-specific contraceptive use that occurred between 1960-64 and 1970-74. Because of the greater use of abortion by contraceptors than by noncontraceptors, an increase in the proportion of contraceptors in the population results in an increase in the ratio of abortions to live births. Table III clearly shows the increases in contraceptive use that have occurred at all pregnancy intervals; women were anywhere from two to six times as likely to have used contraception during a specified pregnancy interval in 1970-74 than were women a decade earlier. Throughout the period, contraceptive use increases with parity; very few women contracept before the second pregnancy. The proportion is particularly low for women in the first or second pregnancy interval during the early 1960s.

THE FIRST USE OF ABORTION AND CONTRACEPTION

We have shown that there has been a major increase in recent years in the proportion of pregnancies ending with an induced abortion, an increase caused largely by the growth in contraceptive use and the greater likelihood of contraceptors having an abortion. We now consider how the pattern of the first use of abortion is changing.

There is an important difference between the preceding tables (I through III) and those presented in the remainder of the paper. Table I through III are based on all abortions, live births and contraceptive use occurring in specific periods (1960 to 1964, 1965 to 1969, and 1970 to 1974); they refer to events taking place during a specified pregnancy interval within a given time period. Tables IV through VIII are based on the experience of individual respondents having a first pregnancy outcome during the specific period. Tables I through III demonstrate the trend in the abortion-live births ratio as a means of documenting the increasing utilization of induced abortion over time. Tables IV through VIII present data on the use of abortion and contraception by women who *began* their childbearing either before the Korean family planning program was well established (1960 to 1964), during its early years of expansion (1965 to 1969) or after the full scale program was underway (1970 to 1974). We believe the changing focus of the tables is the best way to illustrate the changing pattern of abortion and contraceptive use in Korea.

Table IV presents data on the first use of abortion for the period from 1960 to 1974.

The figures in Table IV are the percent of women having a first induced abortion at a specified pregnancy termination among those who begin the pregnancy interval without having had a previous abortion. The reported percentages are, thus, first abortion rates.

The data in Table IV indicate that there has been an increase over time in the proportion of women having their first abortion early in the reproductive period. While slightly less than two percent of all first pregnancies ended in a first abortion in 1960 to 1964 period, almost eight percent of the first pregnancies that took place between 1970 and 1974 ended in a first abortion. Among women terminating their pregnancies in the 1960 to 1964 period, only one fourth had had an abortion by the end of the fourth pregnancy. Ten years later, over one half (58%) had one or more abortions by the time they completed four pregnancies. First use of abortion begins earlier in the reproductive cycle in each subsequent time period.

Table 4. First Abortion Rates* and Cumulative Abortion Rates by Pregnancy Order, for Women Whose First Pregnancy Occurred at Age 15~39 in 1960~64, 1965~69 and 1970~74**

Pregnancy Order	First Abortion Rate (%)			Cumulative Abortion Rate (%)		
	1960~64	1965~69	1970~74	1960~64	1965~69	1970~74
1	1.8	6.5	7.7	1.8	6.5	7.7
2	3.4	8.5	9.4	5.1	14.4	17.3
3	7.2	13.8	22.5	11.8	26.9	45.0
4	14.0	24.9	33.0	24.6	48.9	58.1

* Proportion ending the nth pregnancy with an induced abortion, among those having an nth pregnancy with no previous induced abortions.

** Proportion who have had one or more induced abortions (including the nth outcome), among women completing the nth pregnancy.

Of special notes is the sharp rise in the first use of abortion at lower order pregnancies after 1965, the start of the large scale family planning program in Korea. It may be that the increased government commitment to a national family planning program in late 1964 encouraged women to take steps to control their childbearing that they otherwise would not have taken. It may also be that the increased government involvement in

family planning legitimated abortion as a reasonable way to terminate pregnancy both for Korean women and for potential providers of abortion services in the country. Whatever the reasons, it is clear that there is a trend not only toward increasing use of abortion, but also toward the first use of abortion at lower pregnancies orders.

Table V presents data on the first use of contraception in the same format that was used in Table IV to describe the first use of abortion. Like the first use of abortion, the first use of contraception occurs earlier in the reproductive cycle in each successive time period. Fewer women initiate contraception before the first pregnancy than end that pregnancy with an abortion, an indication of a high level of unwanted and poorly timed first pregnancies.

RELATIONSHIP BETWEEN INITIATION OF ABORTION AND CONTRACEPTION

We have shown that there have been important increases in the use of contraception and abortion by Korean women and downward shifts in the pregnancy order at which women initiate the use of contraception and or abortion. We have also documented that the period immediately following the start of the fieldworker based family planning program was a time of particularly rapid change in the pattern of fertility control in Korea.

One of the many questions that remain concerns the relationship between the first use of contraception and the first use of abortion. Are women more likely to use abortion or contraception first? Has the likelihood of having an abortion before using contraception changed over time?

Data on all women in the Korean World Fertility Survey (not shown) indicate that it is only among those having their first abortion at third and higher order pregnancies that more than 50 percent have used contraception before their first abortion. The majority of women terminating their first or second pregnancy with their first abortion have not used contraception prior to becoming pregnant.

Table VI presents data on the relationship between the initiation of contraception and first use of induced abortion. In each time period, the proportion of women who have contraceptive experience prior to the first use of abortion increases as the first abortion occurs later in the reproductive cycle. When the percentages are compared *across*

cohorts, however, according to the pregnancy order of the first induced abortion, we observe a trend over time toward higher levels of contraceptive experience by the time a woman has a first induced abortion. With the exception of the substantial rise in interval contraception to women using abortion at the first pregnancy order (from 3% in 1965-69 to 14% in 1970-74), the increases have not been great. Nevertheless, they do indicate that a relative shift over time is occurring in the initiation of fertility regulation by Korean women. Tables IV and V have documented the earlier first use of both abortion and (separately) contraception in 1970-74 than ten years earlier. Table VI shows that the forward shift in the initiation of contraception has been greater than that for induced abortion.

Table 5. First Contraceptive Use Rates* and Cumulative Contraceptive Use Rates by Pregnancy Interval, for Women Whose First Pregnancy Occurred at Age 15~39 in 1960~64, 1965~69 and 1970~74**

Pregnancy Interval	First Contraceptive Use Rate (%)			Cumulative Contraceptive Use Rate (%)		
	1960~64	1965~69	1970~74	1960~64	1965~69	1970~74
1***	1.3	2.8	6.7	1.3	2.8	6.7
2	4.5	8.4	15.1	5.7	11.0	17.5
3	12.1	21.5	27.3	16.3	28.6	28.0
4	24.7	31.3	32.2	34.0	38.6	26.5

* Proportion using contraception during the interval, among those beginning the (open or closed) interval with no previous contraceptive use.

** Proportion who have used contraception, by pregnancy interval (including use in the open interval).

*** Closed interval only.

SUBSEQUENT USE OF CONTRACEPTION AND ABORTION

Thus far, we have been principally concerned with the first use of contraception and abortion during the reproductive life cycle of Korean women. It is of interest also to show how the different patterns of first acceptance lead to different patterns of later use. Table VII examines the pattern of subsequent contraceptive use for women with first

pregnancy outcomes through 1964 and in 1965 and thereafter. Our measure is the percent of immediately subsequent intervals (including open intervals) in which contraception is used, by the interval in which contraception is first used. For example, among women with first pregnancies in the 1960-64 period, nearly one half (48.6%) of those who first used contraception in the *second* pregnancy interval also used contraception in the *third* interval.

It may be observed from Table VII that the proportion of "subsequent contraceptors" declines with interval of first use for the 1960-64 group, but *not* for those having a first pregnancy in 1965 or later. We offer the following interpretation. In societies in which contraception is not widely practiced, as was the case in Korea during the 1960s, couples who initiate contraception early in their reproductive lives are more likely to continue such use than those who begin later. In societies in which contraceptives are widely available and nearly all couples eventually practice family planning, the interval of initiation is less likely to be associated with use in the subsequent interval.

Less easy to interpret are the differences in interval-specific subsequent contraception between the first pregnancy outcome groups. Women whose first pregnancies occurred between 1960 and 1964 were more likely to contracept in the pregnancy interval immediately following the interval of first use than were women whose pregnancy histories began after 1964. Further analysis of these and more recently collected data are needed to control for years of exposure to a subsequent pregnancy following an out-

Table 6. Percent Using Contraception Prior to First Induced Abortion, by Pregnancy Order of First Induced Abortion, for Women First Pregnancy Occurred at Age 15~39 in 1960~64, 1965~69 and 1970-74

Pregnancy Order First Abortion	Percent Using Contraception Prior to First Abortion		
	1960~64	1965~69	1970~74
1	7.1*	3.0	13.6
2	26.9	29.1	36.4
3	42.3	56.2	56.3
4	55.4	64.5	55.6*

* Based on fewer than 20 first abortions.

come; events in Table VII have occurred over ten to fourteen years to the former group of women and zero to nine for the latter group.

Use of induced abortion at the pregnancy outcome immediately subsequent to that of the first abortion follows a very different pattern from that of contraception (Table VIII). For both groups of women, those whose first abortion occurs later in the reproductive cycle are more likely to use abortion in the subsequent pregnancy than are those whose first experience with induced abortion occurs early. As abortions in later pregnancies (eg, pregnancies that occur after the desired number of children is attained or exceeded) tend to be for fertility limitation rather than for spacing, it follows that pregnancies occurring subsequent to late first abortions are less likely to be wanted than pregnancies following early first abortions (many of which may represent more successful spacing of desired additional births).

Additional analysis is hampered by truncation of exposure time during which abortions could have occurred. Among women with first pregnancies in 1965 or later, those with a first abortion at successively higher pregnancy orders have had, of necessity, a relatively rapid pace of childbearing. As such, they may not be representative of all women beginning reproduction in this period, and are not comparable to women whose first pregnancy occurred between 1960 and 1964.

Table 7. Percent Using Contraception in the Open or Closed Interval Immediately Following the First Interval in Which Contraception Was Used, by Pregnancy Interval of First Use and Year of First Pregnancy Outcome

Pregnancy Interval First Contraceptive Use	Year of First Pregnancy Outcome	
	1960~64	1965~74
1	*	30.2
2	48.6	29.0
3	43.7	28.1
4	36.7	25.2

* Fewer than 20 cases.

IMPLICATIONS

The timing of the first use of fertility control in the reproductive cycle is important because it exercises a decisive influence on the pattern of subsequent use of contraception and abortion and, thus, on fertility. This paper has described the significant increases in the use of induced abortion and the shift toward the initiation of both abortion and contraception earlier in the reproductive cycle that have taken place over the past 20 years in Korea. More and more Korean couples are protected by highly effective modern contraception and abortion, and more of them are beginning to employ this protection in the early stages of family building. We have also demonstrated that effect that a government-supported family planning program can have on both contraception and abortion.

The Korean experience is especially important because the decline in fertility in Korea is something of a model case of the modern decline in fertility in which highly effective safe contraception and easily available abortion provided with government support make the process of childbearing subject to far easier control than was the case in the European decline of fertility. In addition, the wealth of survey data available from Korea enables analysts to investigate issues that, in other societies, cannot be studied.

The impact of the changes we have documented in this paper merit detailed analysis. At this stage, we can only highlight the key elements of the impact of the changes we have examined on fertility and to outline a methodology for studying with them.

The increasing use of abortion and contraception has substantially reduced higher order births. Until recently, fertility control was used mostly to limit births to a specified number already born. One by-product of this pattern was a remarkable increase in the number of female sterilizations between 1974 and 1975 (from 35,000 to 181,000) when a means for permanently ending the risk of childbearing became accessible to most Korean women.

The increases in fertility control and the decline of fertility reflect a variety of favtors including the entry of the large post Korean War baby boom cohorts into the job and marrge markets, the increased availability of effective contraception, new emphasis on

social mobility, education and improved status for women. Like the United States, Korea experienced a contraceptive revolution during the 1960s. One result of this revolution was an increase in the control of fertility at all stages in the reproductive life cycle. Indeed, according to Foreit, "...virtually every Korean woman married after 1961 will make some attempt to control her fertility at some point in her married life" (1979, p. 57).

Before we completely understand the Korean fertility transition, we must analyze family growth in Korea as a decision making process (Namboodiri, 1972). We need more work such as that done by Chai Bin Park, which examines the influence of various determinants, including abortion and contraceptive use, of the transition from one parity to the next (Park C.B. et al. 1979). We have most of the pieces of the puzzle on the table. It now remains to put them together.

Table 8. Percent of Pregnancies Immediately Following the First Induced Abortion Which End in an Indued Abortion, by Pregnancy Order of the First Abortion and Year of First Pregnancy Outcome

Pregnancy Outcome First Abortion	Year of First Pregnancy Outcome	
	1960~64	1965~74
1	*	17.2
2	24.0	17.0
3	40.8	31.5
4	43.5	56.6

* Fewer than 20 cases.

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