

# **Epidemiology**      **Bulletin**

REPUBLIC OF CHINA

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## **Characteristics of Women Undergoing Abortion-Taiwan**

In December 1984, the Association of Obstetrics and Gynecology of the Republic of China (AOG) conducted a survey of its members to obtain information about the practice of induced abortion in the Taiwan Area. A total of 1,056 physicians currently practicing obstetrics and gynecology were contacted by mail and invited to participate in the survey; 330 agreed for a response rate of 31 percent. These 330 physicians were asked to complete questionnaires on all patients undergoing induced abortion in their practices during a one-week period: December 3-9, 1984.

A total of 1,268 induced abortions were performed during this period for an average rate of 3.8 abortions/physician/week. The total number of live births delivered by participating physicians during the study period was not available.

The characteristics of women undergoing induced abortion are summarized in Table 1. Eighty-five percent were married, and 80 percent had had two or more previous pregnancies. Seventy-seven percent had one or more living children. Thirty-eight percent of women said they were using some form of contraception at the time of conception. Of these, 27 percent were using intrauterine devices, the most commonly used form of contraception in Taiwan. Fifty-eight percent had had one or more previous abortions. The most common reasons given for abortion were family planning (56%) and child spacing (19%). Seventy-eight percent of abortions were performed at 8 weeks of gestation or less. Suction and/or curettage accounted for over 90 percent of all abortion procedures. No information on maternal morbidity and mortality associated with abortions was obtained in this survey.

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**Editorial note:** On June 29, 1984, the Eugenic Protection Law (EPL) was passed by the Legislative Yuan and became effective on January 1, 1985. This law is expected to have an important impact on maternal-child health and family planning programs in the Republic of China. The enactment of the EPL provides a legal basis for the following programs:

1. Provision of genetic health services, including pre-marital screening, prenatal diagnosis for congenital anomalies, and neonatal screening for congenital metabolic disorders (e.g. phenylketonuria, hypothyroidism, glucose-6-phosphate dehydrogenase deficiency, and galactosemia), and genetic counselling.
2. Provision of induced abortion services for women with the following indications: the mother or father has a known genetic or infectious disease that could adversely affect the pregnancy outcome; the mother has a mental illness and is therefore unable to care for the infant; the mother or father has a known hereditary illness in family members within 4th degree relationship; medical indications exist that would endanger mother's health if the pregnancy was allowed to continue; the fetus is known to have a congenital abnormality; the pregnancy is a result of rape or incest; or the pregnancy could adversely affect the mother's mental health or critically affect the family's socioeconomic situation.

The purpose of the EPL is to make safe induced abortion available to women for specific indications; it is not the intention of the law to make abortion a primary form of contraception.

Although induced abortion was only recently legalized, the procedure has been available in Taiwan for many years. Based on a survey in 1980, 69 percent of married couples of reproductive age currently practice some form of contraception<sup>1</sup>. The crude birth

Table 1. Characteristics of women obtaining abortions, Taiwan, 1984\*.

Characteristic	Percentage <sup>†</sup>	Characteristic	Percentage
Marital status		Gestation (weeks)	
Married	84.5	≤8	78.3
Unmarried	15.5	9-10	16.0
No. previous pregnancies		11-12	3.1
0	9.0	13-15	1.5
1	11.4	16-20	0.7
2	18.1	≥21	0.4
3	20.8	Education	
≥4	40.6	None	2.3
No. living children		Elementary school	25.8
0	23.0	Junior high school	28.4
1	15.5	≥Senior high school	43.5
2	30.0	Reason for abortion	
3	20.5	Family planning	56.5
≥4	11.0	Child spacing	19.2
Contraceptive use		Unmarried	11.9
Yes	37.6	Medical indication <sup>‡</sup>	10.5
No	62.4	Other	1.9
No. previous abortions		Type of procedure	
0	42.0	Menstrual regulation	17.1
1	31.7	Suction	43.2
2	16.4	Suction and curettage	20.1
≥3	9.9	Curettage	18.9
		Intrauterine instillation	0.6
		Hysterotomy	0.2

\*Source: Survey performed by the Association of Obstetrics and Gynecology of the Republic of China.

<sup>†</sup>Excludes unknowns, which represented <5% of responses to all questions.

<sup>‡</sup>Menstrual regulation = curettage without pregnancy testing.

rate has declined from 36.3/1,000 population in 1963 to 20.6/1,000 in 1983 with a decline in the population growth rate from 30.1/1,000 to 15.7/1,000<sup>2</sup>. The role of abortion in the decline of population growth is unknown. Since abortion was illegal until January of this year, it has been difficult to estimate the annual number of abortions performed. In this survey of AOG physicians, the abortion-to-live births ratio could not be directly determined since information on the number of live births was not obtained. However, previous surveys by the Taiwan Provincial Institute of Family Planning (TPIFP) showed that the abortion-to-live births ratio increased from 37/1,000 in 1965 to 119/1,000 in 1980<sup>1</sup>. In a recent prevalence survey of 14,000 married women 15-49 years of age conducted in 1984, 460 (3.8%) of 12,120 women responding had an abortion during the previous one-year period (TPIFP, unpublished data). If these data are representative of the entire Taiwan Area, approximately 108,680 abortions were performed among 2,860,000 married women 15-49 years of age during 1984. According to the AOG survey, these women represent only 84.5 percent of those undergoing abortion, and another 19,900 (15.5%) abortions are performed annually among single women. Combining these two recent estimates of abortions, the current number of abortions performed is approximately 128,600 per year, and the current abortion-to-live births ratio is about 330 per 1,000\*.

The data from the AOG survey must be interpreted cautiously for several important reasons. First, the survey was conducted at a time when abortion was not legalized under the EPL and less than one-third of the physicians contacted agreed to participate. These physicians may not be a representative sample of all physicians performing abortions in Taiwan. Secondly, only members of the AOG were asked to participate; other physicians who deliver infants and perform abortions were not included in the survey. Thirdly, physicians completed all parts of the questionnaire including reason for abortion, contraceptive use and marital status, and patient responses to these questions may have been biased by the physician interviewer. Finally, some important questions were omitted from the survey (e.g., age of patients, morbidity and mortality due to abortion, and number of live births delivered by physicians). In spite of these shortcomings, these data indicate trends among women undergoing induced abortion in Taiwan differ substantially from those of women in other countries where abortion surveillance data are available. In comparison to Taiwan where women receiving abortions are usually married and have had several previous pregnancies, nearly 80 percent of U.S. women having abortions are unmarried, and 60 percent have had no previous live births<sup>3</sup>.

These data suggest that induced abortion has and will continue to have significant impact on family planning and public health in Taiwan. In order to better understand the impact of the EPL, further studies must be conducted to verify the results of the AOG survey. The Department of Health has also begun a surveillance system for induced abortion to document the numbers and characteristics of women obtaining abortion and to eliminate preventable morbidity and mortality associated with abortion.

#### References

- 1 Taiwan Institute of Family Planning. Trends in fertility, family size preference and family planning practice—Taiwan, 1961-1980. *Studies in Fam Plann* 1981;12:211-28.
- 2 Department of Health. Health Statistics (2): Vital statistics. Republic of China, 1983.
- 3 Binkin NJ, Lang PRH, Rhodeniser EP et al. Abortion surveillance, 1981. *MMWR* 1984;33:1-55-855.

\*According to the vital statistics data from the Department of Health, there were 385,000 live births in Taiwan in 1984.