

# **Planned and unplanned pregnancies in Hungary**

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## **Abstract**

In Hungary despite the spreading and use of modern contraceptives the ratio of pregnancies ending with abortion is high. How conscious is family planning and childbirth among the married females. What happens if due to the wrong timing, maybe even at the use of contraception the conception occurs earlier than it was planned by the couples and what will be the fate of the unwanted pregnancies? What is the effect of the stability of the family, the surrounding of the domicile and the cultural background on the conscious childbirth and of the contraception and abortion practice. The paper wants to answer these questions on basis of a longitudinal marriage sample survey representative for the country. The whole marriage history of more than 3500 females was processed in a way that in each case the intention of planning (whether it was a planned pregnancy, a pregnancy planned later or a unplanned/unwanted pregnancy), the outcome of pregnancy and the contraception practice preceding directly the pregnancy were known. In this way the fate of more than 10 000 pregnancies was analysed in chronological order. Beside the socio-economic differences the paper examines also the differences by order of pregnancies and the stability of the partner relation.

## **Introduction**

In Hungary during the past decade the fertility level and the frequency of abortion decreased simultaneously. In 2004 both the TFR (total fertility rate) and the TAR (total abortion rate) reached the historical minimum: 1.28 and 0.73 respectively. The total number of pregnancies – TPR (total pregnancy rate) fell from 3.30, the value of 1990 to 2.24 in 2004, i.e. during 14 years on the average the number of pregnancies per female became lower by 1.06. (Figure 1.) The spreading and use of modern and

effective contraception methods decreased with success the number of non-desired pregnancies, but the structure and outcome of the pregnancies occurred did not change much. In Hungary the ratio of pregnancies ending with abortion is still high on an international scale. In 1990 of 100 pregnancies 56 ended with live birth, 38 pregnancies with induced abortions and 6 with other foetal wastage. In 2004 the situation changed, namely the ratio of live births grew slightly, to 57, that of abortions fell to 33 and of 100 pregnancies 10 ended with other foetal losses.

According to the result of the Hungarian FFS survey the present young people start the sexual life earlier than their parents (the median age at the first sexual intercourse decreased), at the same time the females' mean age at first birth grew by nearly 4.0 years during the last ten years. (UN 1999, Demographic Yearbook 2003.) Thus the distance between the first sexual relation and the birth of first child increased. The regress in the period fertility can be motivated partly with the postponement of the childbearing to an older age, but the fall in the abortion rate and the total number of pregnancies can be attributed the more frequently using of contraception. The changing habit of partnership formation exerts an uncertain influence. The ratio of those living in marriage declined radically especially among the young persons and the spreading of cohabitation cannot compensate the declining inclination to get married. Therefore the number of and proportion of those living in any form of partnerships decreased. (Kamarás, 2004) This exerts an influence not only on fertility but also on the number of pregnancies occurring potentially. Without a stable partnerships the sexual relation and the chance of getting pregnant are less frequent, the neglecting of contraception however increase the risk of unwanted pregnancies at an occasional intercourse.

The really exciting question is how many children born derived from planned pregnancies and whether it is true that all the unplanned pregnancies end with abortion. What is the situation concerning the spontaneous abortions and other foetal losses? These questions are treated by the paper on basis of a longitudinal marriage sample survey representative for the country, which followed the course of life of more than 3500 females in the first ten years of their marriage between 1991 and 2001. (KSH 2003) The survey wanted to know how much family planning and childbirth are conscious among the females living in marriage. What happens if due

to a wrong timing conception occurs earlier than in was desired by the couples (females) and what was the fate of the non-desired pregnancies? What is the effect of the stability of marriage, the surrounding of the domicile and the cultural background on the conscious childbirth, the use of contraceptive and on the abortion practice?

## **Data and methods**

During the survey the total fertility history of the females interviewed was processed in a way that in each case the intention of planning (whether it was a planned pregnancy, a pregnancy planned later or a unplanned pregnancy), the outcome of pregnancy and the contraception practice used directly before the conception were known. In this way the fate of more than 10 000 pregnancies fixed in chronological order was processed. Within the framework of a survey with a questionnaire it is really very difficult to get sincere and reliable replies to questions regarding such an intimate sphere of the life of people. By the way the questions posed in a retrospective way produce a possibility for intentional distortions and/or for voluntary forgetting. The sincerity and reliability of the replies obtained are ensured by the fact that district nurses put the questions within the framework of personal interviews to the females selected for the sample and visited in their homes. A female put questions to a female. District nurses prepared professionally – who were often in a personal relation to the interviewees – asked and fixed the replies.

## **Results**

### **The planned character and the outcome of pregnancies**

In the marriage cohort studied on the average there were 262 pregnancies per 100 women ten years after the wedding. Of them 194 (74 per cent) ended with life birth, 40 (15 per cent) with induced abortion and 28 (11 per cent) with other foetal loss. If we consider the pregnancies by their planning, one can see that the number of wanted/planned pregnancies is lower than that of live birth. This means that in part of the cases mothers gave birth to their children in spite of the fact that they wanted to have them only at a later time. Altogether 68 per cent of the pregnancies were wanted/planned, in case of nearly one quarter (24 per cent) there was a failure in

timing (wanted/planned in a later time) and 8 per cent of the pregnancies were unwanted/unplanned by the parents. (Table 1.) Parallel with the numerical order of pregnancies the ratio of the unwanted pregnancies and those ending with induced abortion grows. For example 8 per cent of the first pregnancies and 40 per cent of the sixth or more ones ended with induced abortion. (Figure 2.)

An overwhelming ratio of the wanted pregnancies (88%) ended with live births, however 37 per cent of the pregnancies occurred due to a wrong timing and 66% of the unwanted pregnancies ended with abortion. (Table 2.) 17% of the children born were accepted by the parents (females) though they planned the pregnancy for a later date and 2% of the children are the products of non-desired pregnancies. It deserves attention that 61% of the abortions are the results of a wrong timing. This means that a significant proportion of the induced abortions could have been prevented with a more disciplined contraception. This does not mean the final ending of the pregnancy cycle because according to the intention after the abortion the females desire/plan an additional child at a later date. Actually 47% of the females having undergone an abortion were willing to give birth to a child after one or several abortions, 9 of them only would have liked to have (an additional) baby but this was not realised because the outcome of pregnancy (pregnancies) after an abortion was a foetal wastage.

The social differences can be illustrated by the educational level of the women. This also expresses the different practice and behaviour concerning contraception. The women having higher educational level had not only less pregnancies but within this also the ratio of planned pregnancies is higher. The number of induced abortion characterize well the differences. Per 100 women having ended university degree there were 25 abortions, those however who ended only primary school had nearly three times as many: 65. In case of the average number of children the difference the first and third level of education is much smaller (1.4 times).

The stability of marriages and the type of partnership also play an important role in the number of pregnancies and their planned character. The females living in a stable marriage (who after ten years the wedding live in a marriage contracted 1991)

had on the average more children and less induced abortion compared those who divorce and live in a new partnership. Those females plan the least consciously the conception who divorced but don't have a new stable partner. The number of their children is the lowest, that of unwanted pregnancies as well as the ratio of pregnancies ending with abortion is the highest among them.

### **Contraception at the time of “pregnancy accident”**

We defined the pregnancies desired later and the non-desired pregnancies together as “pregnancy accidents” and we examined them asking whether the couple (females) used contraceptives at the date when conception occurred, if so, what device, method were these and what was the outcome of such pregnancies. “Pregnancy accidents” occurred at 32 per cent of the total number of pregnancies. Parallel with the increase in the numeric order of pregnancies the ratio of the “pregnancy accidents” grows. About 28 per cent of the first, and more than 60 per cent of the sixth or more pregnancies were timing mistakes or were unwanted pregnancies. Already at the first pregnancies the failure in timing is rather high and in most cases (60 per cent) the couples neglected contraception. Also at the further pregnancies the lack of using contraception is remarkable at the time of “pregnancy accidents”. As a result with the serial number of pregnancies the ratio of those ending with abortion grows. (Figure 3.)

More than the half of the females (54%) confessed that they neglected contraception and therefore they got pregnant, 46% of them said however that they used contraception when the “pregnancy accident” occurred. (Figure 4.) The contraception method used reflects well the Hungarian practice according to which most couples used modern contraceptives but we have no information of this regularity and of the correct use. This refers especially to the pills, which were used by 43% of the females when the “pregnancy accident” occurred. 20% of the females used natural methods, 18% condoms at the date of the pregnancy accident. The IUD seems to be the most reliable device for the prevention of non-desired pregnancies, because only 6% of the females said to have used IUD when they became pregnant. So getting pregnant occurs seldom but if it happens than most females using IUD decide for induced abortion. 43% of the pregnancies occurred despite the use of contraception

ended with abortion, 47% of the females however accepted even so to give birth to their child. (Table 3. Figure 5.)

### **Types of pregnancy histories**

On bases of the pregnancy history we grouped the females first according to the fact whether they had or had none an induced abortion during their life course. We tried to reveal the main background characteristics of the women which might play a role in their behaviour regarding the abortion practice. Women who had induced abortion were grouped in such a way whether the induced abortion was followed by another obstetric event or not. In the first case the women still would have wanted to give birth a (another) child in the later stage of their life when the induced abortion occurred, while in the last case it can be supposed that the induced abortion was used as a closing act of the reproductive history. It's not really true because after ten years the wedding we cannot yet speak of a completed fertility. A part of women declared that they still wanted to have a child but also those who didn't plan a further child could get pregnant considering their age. (At the date of the 2001 survey the overwhelming majority of the women were 30-39 year old.) The purpose of the grouping was to examine the difference between the various types of fertility history by the females' socio-economic background, and by the partnerships' history and stability.

There are rather significant differences in the practice of induced abortion and it seems that the attitudes regarding the abortion developed already before the contract the of marriage and beside the socio-economic condition also moral norms and patterns got or learned in the parental home exert an influence. This is confirmed by the difference in the religious education and practice, by the divorce in the parental home and in the number of former partnerships (marriages) among the females. Also the financial situation, the housing condition, the place of residence and the education level of the women exert an influence on the abortion practice. According to the data of pregnancy history on the average 28 per cent of the females had already induced abortion. The figure 6. shows the relative differences by the various background variables of the women taking the average frequency as 1.0.

The social and cultural differences can be observed mainly by the use or non-use of induced abortion. This means the dividing line in the attitudes towards abortion. In case of those however who underwent already at least one induced abortion differences can be stated mainly in the average number of abortion and children taking into consideration whether the abortion was followed by an another pregnancy or not. In case of 53 per cent of the females having undergone an induced abortion there was another obstetric event (like live birth, stillbirth, spontaneous abortion) after the induced abortion. Most children were born to women who wanted to have a child after the abortion. Almost the half of the children were born to these females after one or more abortions. In this group also the average number of induced abortion is the highest. The least children however were born to females of the highest educational level, living in urban areas who used the induced abortion as the finish of their quasi completed fertility history. These women make use of the possibility of induced abortion when they realised already their family plans and after this get pregnant involuntarily. (Table 4.)

## **Conclusion**

In Hungary during the past 15 years the fertility and abortion rates decreased considerably and parallel. The total number of pregnancies per females fell from 3.30 to 2.24. However among the pregnancies of those ending with induced abortion is high. At the abortion followed by another obstetric event mostly a failure in timing can be stated. This occurs at 61 per cent of the induced abortion. At the same time this reflects the contraception practice before the “pregnancy accident” occurred and the regular or irregular use of the method applied. One of the lessons learned from the study that relative high proportion of the induced abortion could be considered as potential avoidable pregnancy. At more conscious family planning and contraceptive practice a significant part of these induced abortion could be prevented. This requires a more responsible attitude not only from the women but also from their partners, especially if they are spouses. In Hungary the abortion situation is unfavourable compared to the countries of Western Europe (among others) because of the high ratio of unwanted pregnancies which occurred in marriages. Most of them can be explained with a failure in timing when couples often

neglect contraception, and they use “out-of-date” (wrongly, irregular, not exactly, without attention) the modern contraceptives.

## **References**

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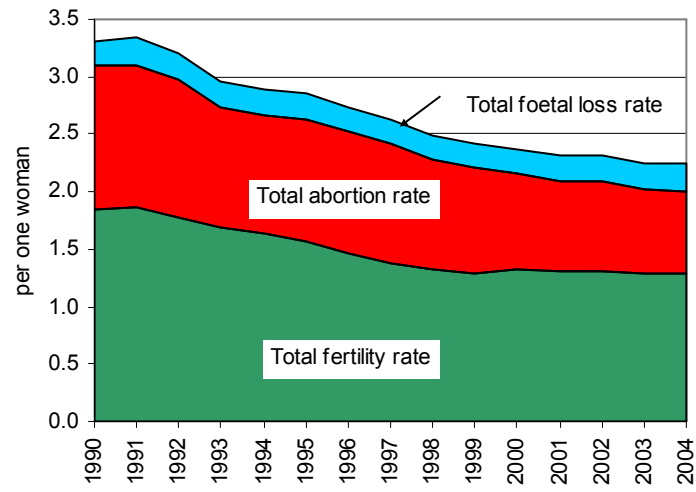
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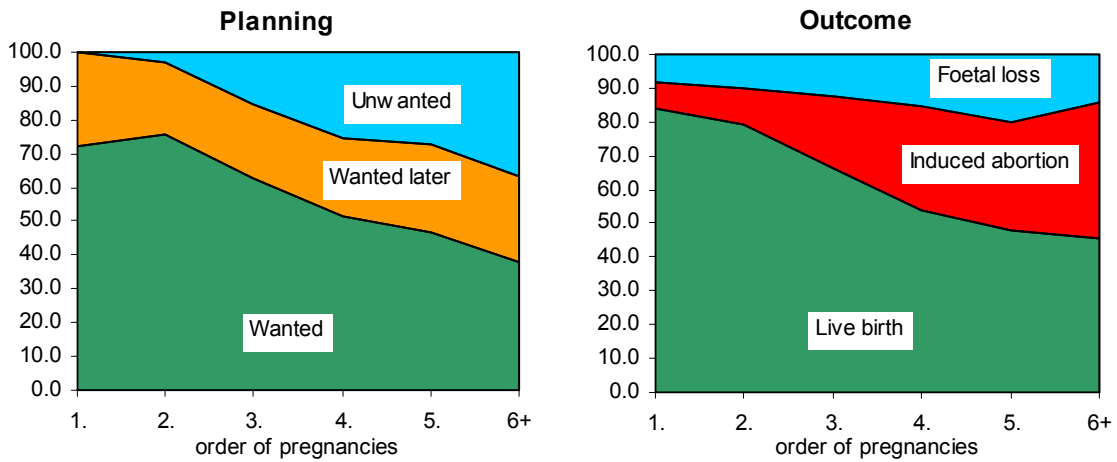


Figure 1. Total pregnancy rate by its composition 1990–2004

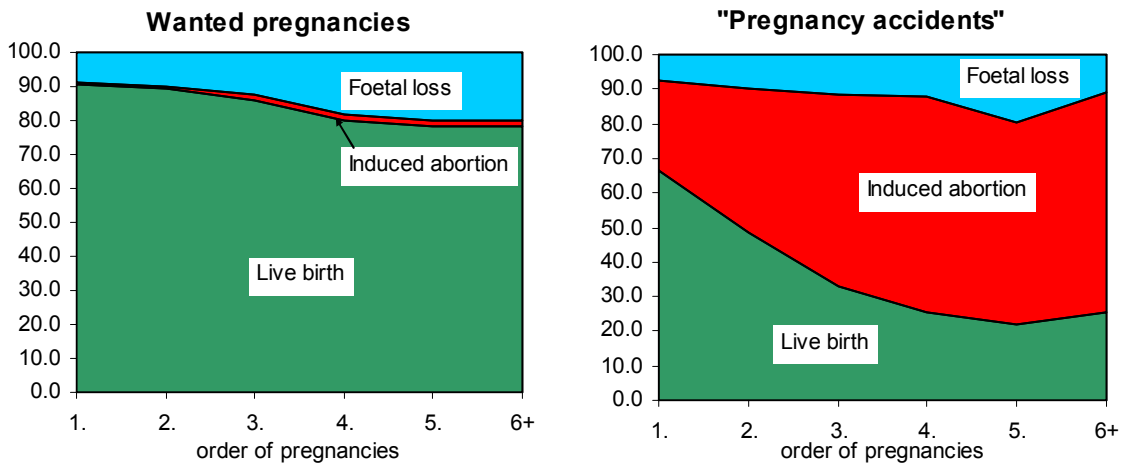


Source: Demographic Yearbooks.

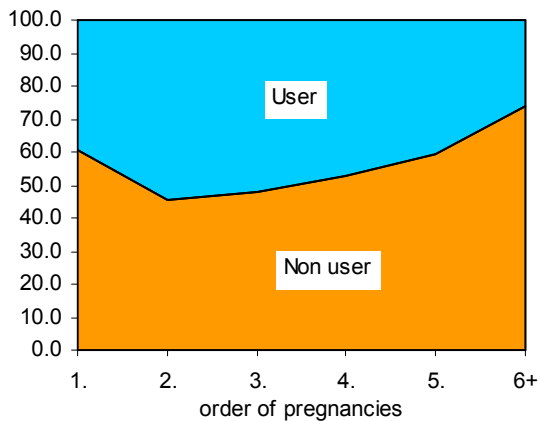
**Figure 2. Pregnancies by its planning, outcome and by order of pregnancies**



**Figure 3. Outcome of pregnancies by its planning and order of pregnancies**

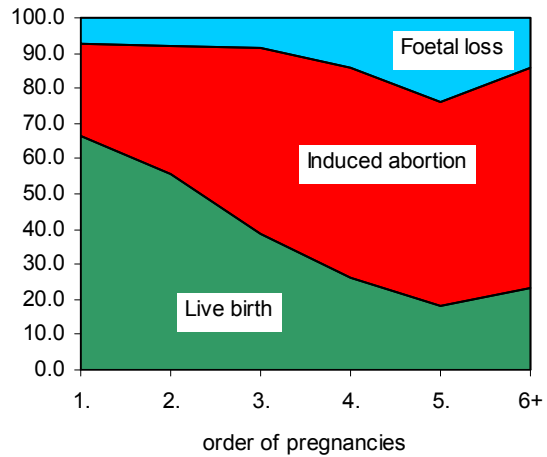


**Figure 4. Contraception when the "pregnancy accidents" occurred by order of pregnancies**

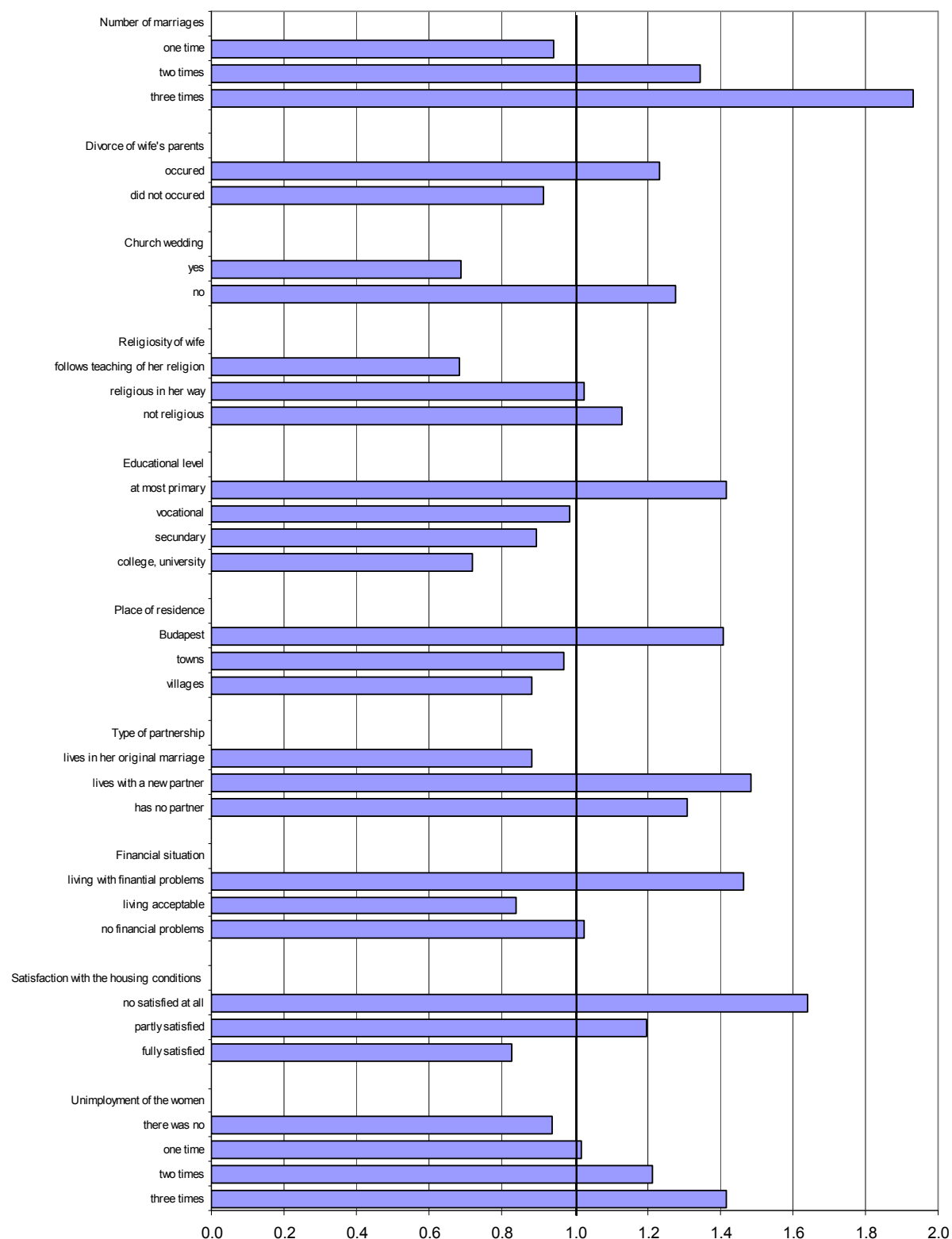


"Pregnancy accidents": pregnancies wanted later or unwanted.

**Figure 5. Outcome of pregnancies occurred despite of contraception by order of pregnancies**



**Figure 6. Relative frequencies of women having had at least one abortion during their life time by some socio-economic characteristics of the women (average=1.0)**



Source: Ten years after wedding

**Table 1. Outcome of pregnancies by its planning**

Outcome	Of 100 pregnancies			Total	Cases N
	wanted	wanted later	unwanted		
Live birth	81	17	2	100	7 541
Induced abortion	4	61	35	100	1 511
Other foetal loss	69	24	7	100	1 095
All pregnancies	68	24	8	100	10 147

Source: Ten years after wedding

**Table 2. Planning of pregnancies by its outcome**

Planning	Of 100 pregnancies ended with			Total	Cases N
	live birth	induced abortion	other foetal loss		
Wanted	88	1	11	100	6 881
Wanted later	52	37	11	100	2 456
Unwanted	24	66	10	100	810
All pregnancies	74	15	11	100	10 147

Source: Ten years after wedding

**Table 3. Outcome of pregnancies occurred despite using contraception by method of contraception**

Method used	Of 100 pregnancies ended with			Total	Cases N
	live birth	induced abortion	other foetal loss		
Pill	50	41	9	100	640
IUD	27	57	16	100	95
Condom	47	44	9	100	259
Natural	48	41	11	100	294
Total	47	43	10	100	1 288

Source: Ten years after wedding

**Table 4. Live births and abortions by types of pregnancy histories and by some characteristics of the women**

Characteristics	There was no induced abortion	There was induced abortion			
		followed by another obstetric event		not followed by another obstetric event	
	average number of				
	live births	live births	abortions	live births	abortions
<b>Educational level</b>					
at most primary	2.38	2.98	1.81	2.42	1.43
vocational	1.96	2.22	1.65	1.94	1.25
secondary	1.78	1.98	1.36	1.71	1.19
college, university	1.86	1.99	1.27	1.48	1.35
Total	1.94	2.35	1.57	1.94	1.29
<b>Place of residence</b>					
Budapest	1.78	1.94	1.55	1.61	1.38
towns	1.89	2.33	1.52	1.86	1.26
villages	2.07	2.71	1.63	2.22	1.28
Total	1.94	2.35	1.56	1.94	1.29
<b>Type of partnership</b>					
lives in her original marriage	1.98	2.51	1.55	2.06	1.26
lives with a new partner	2.00	2.07	1.53	1.86	1.39
has no partner	1.60	1.98	1.69	1.54	1.30
Total	1.94	2.35	1.56	1.94	1.29
<b>Church wedding</b>					
yes	1.88	2.03	1.30	1.88	1.17
no	2.01	2.48	1.71	1.98	1.37
Total	1.94	2.35	1.60	1.95	1.30
<b>Religiosity of wife</b>					
follows teaching of her religion	2.05	2.85	1.76	2.14	1.22
religious in her way	1.92	2.35	1.65	1.91	1.26
not religious	1.92	2.24	1.48	1.98	1.37
Total	1.94	2.36	1.60	1.95	1.29

Source: Ten years after wedding