

Abstract

**Pregnancy Wastage among Married Women in South Korea:
An Analysis of Recent Fertility Surveys**

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Fertility behaviour of South Korea women has undergone dramatic transitions from high fertility to low fertility and to very low fertility during the last forty years. Through the transition, the pattern of pregnancy wastage has changed as well. The rate of induced abortion has been declining in the last 20 years from about 43 percent (1979 survey) to about 24 percent of pregnancies (2003 survey). Although the basis for legal abortion has been quite restrictive and modern contraceptives have been widely available, use of induced abortions continues to be high among South Korean women, accompanied by permissive attitudes and easy access to services. The rate of spontaneous abortions and stillbirths, on the other hand, has been increasing, from about 7 percent to about 10 percent of all pregnancies.

Multinomial logit models were applied to analyze the type of termination of recent conceptions from 2003 National Survey of Fertility, Family Health, and Family Welfare. First pregnancies are more likely to end in spontaneous abortions or stillbirths and higher order pregnancies are more likely to end in induced abortions. Age at first marriage has a strong effect on how the pregnancies are terminated. Among first pregnancies, compared to women whose first marriages are at ages below 25, those whose age at first marriages are higher, have a much higher probability of ending pregnancies as spontaneous abortions, stillbirths, or induced abortions. Other factors associated with the increased risk of spontaneous abortion or stillbirth, are whether the pregnancy was wanted at the time of conception, women's employment status, and previous experience of spontaneous abortion or stillbirth.

Whether the pregnancy was wanted at the time of conception or not has the largest effect on the probability that it will end in an induced abortion. Other covariates associated with higher probability of induced abortion are: women's employment status, having surviving sons and daughters, and living in small cities. It is likely that residents of small cities have the most limited access to contraceptive supplies and services, not having sufficient resources and access for private sector like the residents of metropolitan cities, and not having access to public sector like the residents of rural areas.

With economic and social development, women's live patterns changed greatly. Higher education, late marriage and childbearing, extremely low fertility, and more employment after marriage are some of the salient characteristics. We found that some of these factors are strongly associated with the probabilities of pregnancy wastages. Reproductive health programmes including education and services need to respond actively to changing needs actively to minimize unwanted pregnancies and to protect wanted pregnancies. Research and data collection activities need to respond to these changing needs as well.