

Abstract

Relying on national survey of youth access to reproductive health, and interviews with health workers with gynaecology and obstetrics, this paper described pregnancy and abortion of unmarried women aged 15-24 in China, and explored factors of access to abortion. 1.76-2.23million unmarried women needed abortion last year, of whom 590-820 thousand have not aborted in hospital, for fear of being ridiculed, or not serious, or thinking it not affordable of abortion in hospital. Unperceived needs among unmarried youth existed for deficiency of preventive mechanism of premarital pregnancy. Assuming that private clinics and hospitals would cost less and ensure better privacy, some would not visit public hospitals to abort till the termination was not successful. The findings appeal for pre-primary prophylaxis of youth's premarital pregnancy, and youth empowering and enabling. It is bright for youth reproductive health to enhance the leading role of health sector especially public hospitals in youth friendly service.

Introduction

China has more than 800 million unmarried women aged 15-24 in 2009,(Zheng and Chen, 2010) which, along with China's ongoing economic and cultural metamorphosis, creates enormous challenges in the provision of reproductive health services for unmarried female youth. According the national survey of youth access to reproductive health, 21.3% of the sexually active unmarried female youth have ever got pregnant, of whom 90.9% have terminated the pregnancy.(Zheng and Chen, 2010) Prevention of unwanted pregnancies must always be given the highest priority and every attempt should be made to eliminate the need for abortion.(UN, 1994) As a country where abortion is legal,(WHO, 2007) China is supportive to abortion of married couples both by law and in practice financially.(NPC, 2001) However, youth reproductive health remains under-addressed.(UNFPA, 2007) and little is known about how unmarried female youth to cope with needs of abortion. This paper therefore was to describe pregnancy and abortion of unmarried women aged 15-24 in China, and to explore factors of their access to abortion.

Methods

Source of information

The population of this paper was unmarried women aged 15-24 in China, using data of national survey of youth access to reproductive health in 2009 and interviews with health workers with gynaecology and obstetrics in public hospitals from 2009 to 2010. This was the first national randomised survey of its kind and was to map the status quo of youth access to reproductive health education, information and service, and their knowledge, attitude, and practice and service utilization as a result.

The surveys used four stages of mixed sampling methods which combined stratified sampling and probability proportionate to size sampling (PPS). Samples were distributed in 40 cities/ counties from 25 provinces (or autonomous regions and

municipalities) in China. Informed consent was obtained in the survey. For details of methodology of the survey, please refer to our earlier published paper. (Zheng and Chen, 2010)

Public hospitals are the main health service providers in China either by capability or patient visits.(MoH,2010) Qualitative data informed by health workers with gynaecology and obstetrics in public hospitals were therefore used, which were carried out by combination of purposive sampling and convenient sampling in Jiangsu, Shannxi, Gansu, and Beijing with individual or group semi-structured interviews.

Analysis method

Descriptive statistical analyses of variables describing pregnancy and abortion of female youth were conducted in SPSS Version 16.0 (SPSS, Inc, Chicago, IL), followed by thematic analysis of qualitative data assisted by use of qualitative data analysis package NVivo 8.

Results

19.2% (95%CI: 18.5% to19.9%) female youth had sex before marriage, and 8.0% (7.3%, 8.7%) female aged 15-19, 34.4% (33.0%, 35.8%) female aged 20-24 had sex before marriage.

21.3% (19.5%, 23.0%) sexually active female youth ever had premarital pregnancy, and 4.9% (4.0%, 5.8%) ever had repeated pregnancy. 90.9% (88.2%, 93.5%) premarital pregnant female youth got abortion, and 19.0% (15.3%, 22.6%) ever had repeated abortion. (Table 1)

Table 1 Ever-experienced pregnancy and abortion of unmarried female youth in China (%)

Times	Pregnancy ¹ (n=2105)	Abortion ² (n=448)
0	78.7	9.1
1	16.3	72.0
2	4.0	16.3
3	0.5	1.5
4	0.4	1.2
1time	21.3	90.9
2 times and above	4.9	19.0

1 Percentage of female youth who ever had premarital pregnancy, out of female youth ever being sexually active

2 Percentage of female youth who ever had abortion, out of female youth ever being pregnant

Source: national survey of youth access to reproductive health in China in 2009

Of 810.4 million unmarried female youth in October 2009, there were 1.76-2.23million (2.5% (2.1%, 2.8%)) reported the needed of abortion in the past 12 months, and female aged 20-24 were significantly in higher needs than those aged 15-19. Of those who reported the needs of abortion last year, 590-820 thousand (35.4% (29.5%, 40.9%)) reported that they had not sought abortion services in any kind of health institute or from the doctor. And there were significantly more females aged 15-19 than those aged 20-24, reporting needs of abortion last year but not

seeking relative service in hospital.(Table 2) The main reasons reported for not seeking abortion services were for fear of being ridiculed, or not taking abortion serious, or thinking it not affordable of abortion in hospital.

Table2 Needs of abortion and abortion in hospital of unmarried female youth last year (person(%))

		Year 15-19	Year 20-24	Total
Needs of abortion***	Yes ¹	83(1.3)	187(4.0)	270(2.5)
	No	6236(98.7)	4464(96.0)	10700(97.5)
Abortion in hospital*	Yes ²	42(50.6)	123(66.1)	165(61.3)
	No	41(49.4)	64(33.9)	105(38.7)

*Exact Sig.(2-sided)=0.021; ***Exact Sig.(2-sided)<0.001

1 Unmarried female youth reported the needs of abortion during last year.

2 Unmarried female youth who reported the needs of abortion visited any kind of health institutes or see the doctor to have abortion last year

Source: national survey of youth access to reproductive health in China in 2009

Meanwhile, there was surprisingly high prevalence of unperceived needs of abortion among unmarried youth. (Quote 1) However, sexual education was far from enough. It was actually misled sometimes, out of white lies, like a kick-back old trick, ‘you were picked up somewhere when you were a little girl’. Deficiency of preventive mechanism of premarital pregnancy explained to a degree the unperceived needs of abortion. The kept-in-dark prospective teen mother would probably not be shed light on of a child birth until her own to-be-born child came to the world. (Quote 2)

‘...[the patient, a girl] had no idea of being pregnant, and gave birth to a child urgently, and massive haemorrhage. Supposing not being given emergent treatment timely... ’ (Beijing) (Quote 1)

‘Once I received a 16-year-old middle school student. She said she had a stomachache. Actually we examined that she was about to give birth! But that was exactly out of her expectation! So were her parents!’ (Beijing) (Quote 2)

The other side of the story was, worryingly, that overwhelming advertisement of abortion services, like ‘pain-free abortion in three minutes’, promoted by private stakeholders seriously understated the impact of abortion. Some youth were misled and ‘regarded abortion as nothing, just like a simple meal’. (Beijing) This flooded advertisement was great abomination to most of the health workers with gynaecology and obstetrics in public hospitals, ‘How this advert should be allowed? It was absolutely not a matter that could be resolved in three minutes... Yes, the operation, it is. But the sufferings concerned can be no way underestimated!’(Jiangsu)

Understandably, groundless allegations about abortion mentioned above took effects when a pregnant girl or couple assumed that private clinics and hospitals would cost less and ensure better privacy. To some, they would not visit public hospitals to abort till the termination was not successful, as stated by the informants, ‘many patients...they come to deal with their unclear abortion.’ (Gansu) In fact, to have abortion in public hospital is always much affordable than in a private hospital. As a

patient of an informant admitted, it was a fallacy to think that services in public hospital were of higher price.

Discussion

It is found that in China the proportions of ever-pregnant and repeatedly pregnant unmarried youth are striking. To make things more stressful, some of these unmarried female have abortion out of hospital, or even do not aware of pregnancy till it is to-be-born.

The findings appeal for pre-primary prophylaxis of youth's premarital pregnancy, and youth empowering and enabling. Further research is needed to inform the unmarried youth pregnancy rate in a year to facilitate comparison internationally before we can make a sound conclusion of pregnancy prevalence of unmarried youth in China. And the youth who report not seeking abortion in hospital may out of many reasons and not necessarily having out-of-hospital abortion, such as having given birth(Zheng and Chen, 2010) finally. There should be further research on out-of-hospital abortion of youth in China to promote access to safe abortion. However, the findings reflect obviously the essentiality and urgency of youth power to rights of unintended pregnancy prevention and safe abortion.

Meanwhile, unperceived needs are widely under-addressed with respect to health services needs and demands, with little literature around. Nevertheless literature shows that gender and ethnicity,(Razak and Ali, 1989) as well as income(Goodman et al., 2004) determine the unperceived health care needs. Besides, the role of traditional and cultural concepts and dogmas in determining the importance of various health statuses remains unascertained.(Razak and Ali, 1989)

In China, however, the termination of pregnancy is in line with the dominant of the culture.(Veatch, 2000) The younger girls conceiving for several months without knowing it is out of place. The most convincible reason behind is unsuitable and insufficient sexuality education from parents and/or school teachers. In other words, the neglect of the rights and needs of obtaining reproductive health knowledge at an early age keeps youth away from reproductive health. It is violence against children,(Krug et al., 2002) and barriers to youth reproductive health services.

Pre-primary prophylaxis of youth's premarital pregnancy is returned shoulder heavy responsibilities, from supportive social, economic environment to political participation and empowering. Most urgently, actions should be taken to address firstly the suppressed needs of understanding the body and reproduction of human in an earlier age of a person to prevent pregnancy and secondly the impeded accessibility of abortion service from health sectors especially public hospitals.

It is bright for youth reproductive health to enhance the leading role of health sector(WHO, 2009) especially public hospitals in youth friendly service including information, counselling and high-quality abortion services. There also should be an available, accessible, acceptable, and appropriate prevention of and care during pregnancy for youth.(UN, 1994) As the foremost health care provider, public hospitals

in China should put it to the agenda, and making service menu accessible to unmarried youth urgently. When they are not, the consequence is delayed or foregone care with immeasurable short-term and long term costs.(Bearinger et al., 2007)

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