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THE ABORTION AND CONTRACEPTIVE BEHAVIOR: RESULTS OF THE ALL-RUSSIAN RESEARCH

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The problem of abortion is actual in all spheres of public life. Despite the fact that in Russia, according to the Ministry of Health, the number of abortions has decreased by 30% over the past five years, there is demand from society and public authorities to strengthen the national demographic security, to search for corresponding reserves and to strengthen positive dynamics of demographic indices on permanent long-term basis. The abortions significantly and negatively affect birth rate and woman health. To make proper managerial decisions in this area requires analyzing such complex social phenomenon as abortion behavior and its alternatives, including contraceptive behavior based on family planning technologies.

The purpose of study is to analyze characteristics of abortive and contraceptive behavior and their relationship with matrimonial and reproductive behavior in Russia to strengthen national demographic security.

The official public data of Rosstat, Minzdrav of Russia, etc. was used. Also the data of the All-Russian sociological study "Demographic well-being of Russia" was attracted. The methodology included questionnaire survey in late 2019 — early 2020 carried out in 10 Subjects of the Russian Federation: Moscow, Republic of Bashkortostan, Republic of Tatarstan, Vologda Oblast, Volgograd Oblast, Ivanovo Oblast, etc. The total sampling consisted of 5 616 respondents. The study implemented such scientific research methods as: analysis, synthesis, generalization, statistical analysis, sociological analysis.

The state policy implementation related to the decrees of the President of the Russian Federation "On measures to implement the Demographic Policy of the Russian Federation" (2012): "On national goals and strategic objectives of the development of the Russian Federation for the period up to 2024" (2018, national project "Demography"), Government orders "On approval of the Concept of State family Policy in the Russian Federation for the period up to 2025" (2014), "On the basics of State youth policy of the Russian Federation for the period up to 2025" (2014), etc. On national level, it resulted in decreasing of the number of abortions and increasing attention of society and the public authorities to problems of the family. In Russia, since 2007, the absolute number of abortions has been declining, and from 2015 to the present, the absolute number of abortions has decreased below the millionth value. The leaders in positive rate of abortions decreasing are the North Caucasus, the Central and Southern Federal Okrugs. The higher rates of abortions remain in the Far Eastern, Siberian and Ural Federal Okrugs. It is established that abortion and reproductive behavior depends on aging of motherhood, low contraceptive culture at early start of sexual life and various social economic factors. A significant part of Russian population is characterized by low awareness of reproduction issues and contraceptives. The study revealed certain relationship between contraceptive and matrimonial and reproductive behavior. The hypothesis was confirmed for the Republics of Bashkortostan and Tatarstan. The additional research in this area is required to identify effective measures to fully implement demographic potential of the Russian family. Even though the official statistics of Russia indicate positive trends in population abortion behavior, abortions make up significant part of reproductive losses. For majority of Russians, abortion remains acceptable mean of regulating childbearing. Russia has the highest rate of abortions in the age ranges of 30–34 and 35–39 years.

In Russia, improvement of medical and contraceptive literacy and formation of responsible health self-attitude will increase quality of life, implement population's demographic potential and improve demographic security.

К л ю ч е в ы е с л о в а: demographic behavior; demographic attitude; reproductive behavior; abortion behavior; contraceptive behavior.

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Introduction

The basis of this study are the works in which the causes of the evolution of childbearing norms are identified, and the types of demographic behavior are classified (R. I. Akyulov [1], A. I. Antonov [2], V. N. Arkhangelsky [3; 4; 5], A. G. Vishnevsky [6; 7], T. Frejka [7], L. L. Rybakovsky [8], N. E. Rusanova [9; 10], V. I. Sakovich [11], etc.), researched trends in socio-demographic policy in the Russian Federation. (V. N. Arkhangelsky [12], A. G. Vishnevsky [13], N. V. Zvereva [14; 15], G. I. Klimantova [16; 17], N. M. Rimashevskaya [18], L. L. Rybakovsky [19], E. I. Kholostova [17], etc.). The

essential characteristic of a social community is *demographic behavior*, in the implementation of which social, economic, environmental, medical, and other conditions play a role. Demographic behavior is understood as a system of interrelated and interdependent actions of the subject aimed at maintaining or changing its demographic state. As *elements of demographic behavior*, modern researchers usually consider such components as: *matrimonial* (from lat. matrimonialis — «marriage», «marital») — marital behavior; *reproductive* (from lat. re, again, producere to output, i.e., reproductive) — behavior that mediates the birth or refusal to give birth to a child in marriage or out of wedlock, *self-preserving*

Table 1

Characteristics of the sample population

Possible answer	Ivanovo region	Moscow region	Moscow city	Vologodskaya Oblast	Volgograd region	Stavropol region	Republic of Bashkortostan	Republic of Tatarstan	Nizhny Novgorod Region	Sverdlovsk region	The average by poll
Sample size											
Polled. People.	308	610	621	562	618	606	604	556	512	619	5616
Settlement type											
Urban	55.5	93.3	100.0	76.7	79.0	58.9	74.3	there is no data	there is no data	86.9	79.7
Rural	44.5	6.7	0.0	23.3	21.0	41.1	25.7			13.1	20.3
Gender											
Female	44.5	49.1	47.4	50.5	44.7	47.6	46.5	60.3	66.9	45.1	50.1
Male	55.5	50.9	52.6	49.5	55.3	52.4	53.5	39.7	33.1	54.9	49.9
Age											
18–29 years old	50.0	45.5	54.1	27.9	32.0	37.4	35.3	42.2	42.9	29.7	38.8
30–39 years old	21.4	24.8	22.1	39.0	36.7	35.2	36.4	40.8	37.8	38.3	33.9
40–49 years old	28.6	29.8	23.8	33.1	31.2	27.4	28.3	17.0	19.4	32.0	27.3
Gender/age											
Women											
18–29 years old	20.8	20.9	24.3	13.7	14.4	16.7	16.1	27.2	24.5	13.4	18.8
30–39 years old	12.3	11.8	9.9	19.8	16.3	17.0	18.7	22.6	23.5	12.0	16.4
40–49 years old	11.4	17.8	14.7	17.1	13.9	15.1	12.2	10.3	15.3	19.7	14.9
Men											
18–29 years old	29.2	24.6	29.7	14.2	17.6	20.7	19.2	15.0	18.4	16.3	20.0
30–39 years old	9.1	13.0	12.3	19.2	20.4	18.2	17.7	18.1	14.3	26.3	17.5
40–49 years old	17.2	12.0	9.1	16.0	17.3	12.3	16.1	6.7	4.1	12.3	12.4

(sanitary, vital) behavior aimed at maintaining health throughout the entire life cycle. Without a doubt, one of the significant factors determining demographic behavior is health, both public (social) and individual.

Demographic behavior is influenced by the *demographic attitudes* of the population, which determine the number of children, the birth rate, and public health. The authors, highlighting the factors and conditions for the formation of demographic attitudes, note the special role of socio-demographic policy, under which the requirements for the implementation of the demographic behavior of the population are formed. That is why it is essential to work out the results of the implementation of socio-demographic policy to identify the effectiveness of its directions, including reproductive behavior.

Abortion and contraceptive behavior are distinguished structurally within the framework of reproductive behavior. At the same time, abortion behavior is understood as actions aimed at *preventing an unwanted birth, and contraceptive behavior is understood as actions aimed at preventing conception.*

Abortion-contraceptive behavior serves as a tool for regulating both a specific reproductive cycle (aimed at preventing conception or terminating a pregnancy with the help of an induced abortion), and the entire reproductive cycle of the family (aimed at forming pitiable protogenetic and intergenetic intervals — the periods between the start of marital relations and the birth of the first child and intervals between births of subsequent children).

Abortion-contraceptive behavior, the parameters we consider in this article, ensures the regulation of the number of children in the family. No less significant in modern family planning is the possibility of using, availability both at the present time and the subjective perception of the possibility of using *assisted reproductive technologies* in the future — infertility treatment methods, in the application of which some or all stages of

conception and early development of embryos are carried out outside the mother's body.

Methods

The following scientific methods were used in the study:

1. Statistical. Using absolute and relative indicators characterizing abortion-contraceptive behavior's dynamics and regional differentiation. Analysis of data from Rosstat and departmental statistics of the Ministry of Health of the Russian Federation on the number of abortions, the age structure of women who have had abortions, etc.
2. Sociological. The paper analyzes the All-Russian sociological survey «Demographic well-being of Russia,» conducted by the method of questionnaire survey at the end of 2019 — beginning of 2020 in ten subjects of Russia. The data obtained make it possible to reveal the peculiarities of the abortion-contraceptive behavior of the population. Sample parameters are presented in Table 1.

Nine out of ten regions completed the survey within the given parameters, providing individual representation and analyzing trends for regional objectives. In general, the sex and age composition of the sample corresponds to the general population. The male to female ratio is 1:1, representing the reproductive age population. The settlement section is observed; 80% is the urban population in the sample, and 20% is the rural population. Young people under 30 years old — 39%, from 30 to 40 years old — 34%, from 40 to 49 years old — 27%.

Results

Abortion refers to the artificial termination of pregnancy, which, in accordance with Art. 56 of the Federal Law of November 21, 2011, No. 323-FL (as amended on December 22, 2020), “Based on Protecting the Health of

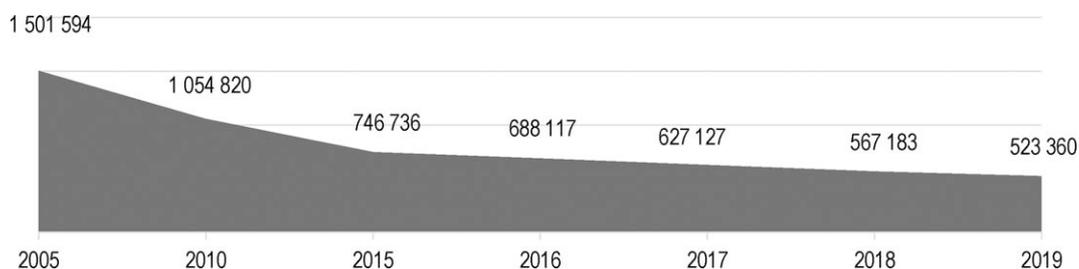


Fig. 1. Absolute number of abortions in the Russian Federation (2005; 2010; 2015–2019)

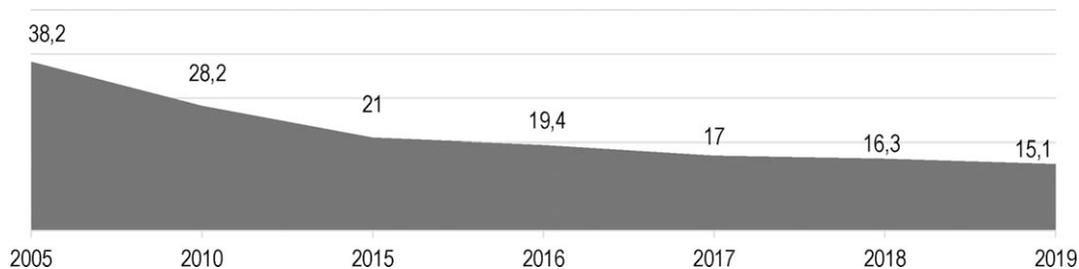


Fig. 2. Relative abortion rates per 1,000 women of reproductive age (25–49 years) for 2005, 2010, 2015–2019

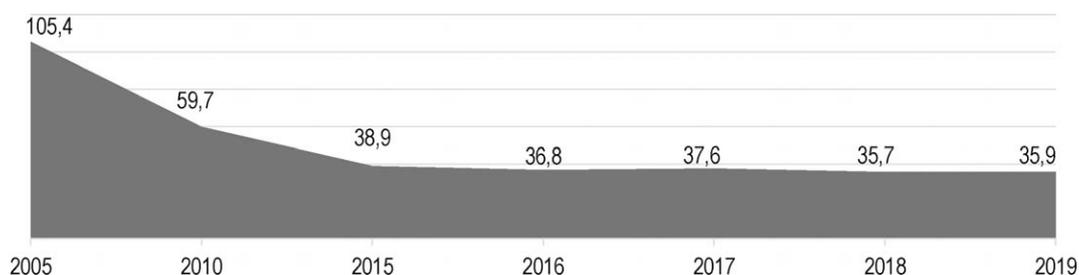


Fig. 3. Relative abortion rates per 100 births for 2005, 2010, 2015–2019

Citizens in the Russian Federation,” is carried out with a gestational age of up to twelve weeks⁶.

Russian researcher N. F. Prokhorenko notes that “...statistical registration of cases of abortion cannot be absolutely reliable in any country in the world», since «abortion of pregnancy at early and very early stages ... is close to natural physiological processes and often occurs before the fact of registration of pregnancy» [20]. To assess the dynamics of abortions in Russia, we use the total number of abortions: both at the request of a woman, for medical or social reasons, and due to miscarriages, when pregnancy could be desired [20]. In connection with this aspect, it is necessary to separate dangerous abortions, associated with the desire of a woman to terminate an unwanted pregnancy, and spontaneous abortions — miscarriages related to the inability of a woman to bear a pregnancy due to her unexpected termination.

The scale and dynamics of abortion in Russia.

The efforts of society and the state to eliminate the «demographic catastrophe»⁷ had a positive impact on the dynamics of abortions. Since 2007, the absolute

abortion rates have decreased, and the number of births has begun to exceed the number of abortions.

According to the data of the Federal State Statistics Service, as well as the Federal State Budgetary Institution «Central Research Institute for the Organization and Informatization of Healthcare» of the Ministry of Health of the Russian Federation, since 2015, the absolute number of abortions has fallen below one million, having retained it to the present. That is, the total number of abortions over 15 years has decreased by three times, or by 66% (Fig. 1).

The number of abortions per 1000 women of child-bearing age decreased by 2.5 times — from 38.2 in 2005 to 15.1 in 2019 (Fig. 2).

There were 35.9 abortions per 100 births (live and dead) in 2019, almost three times lower than in 2005 (Fig. 3). Based on the UN classification, the average abortion rate per 1,000 women in the country by 2019 can be called low⁸.

Along with the decrease in the total number of abortions, there is a decrease in the absolute number of abor-

⁶ Article 56 of the Federal Law of November 21, 2011 No. 323-FL (as amended on December 22, 2020) «On the Fundamentals of Protecting the Health of Citizens in the Russian Federation».

⁷ In 2000, the number of abortions performed was 2.1 million unborn children, which was 1.6 times higher than the number of children born [21].

⁸ Abortion rates per 1000 women of reproductive age: very low — less than 10, low — 10–19, medium — 20–49, high — 50 or more (UN).

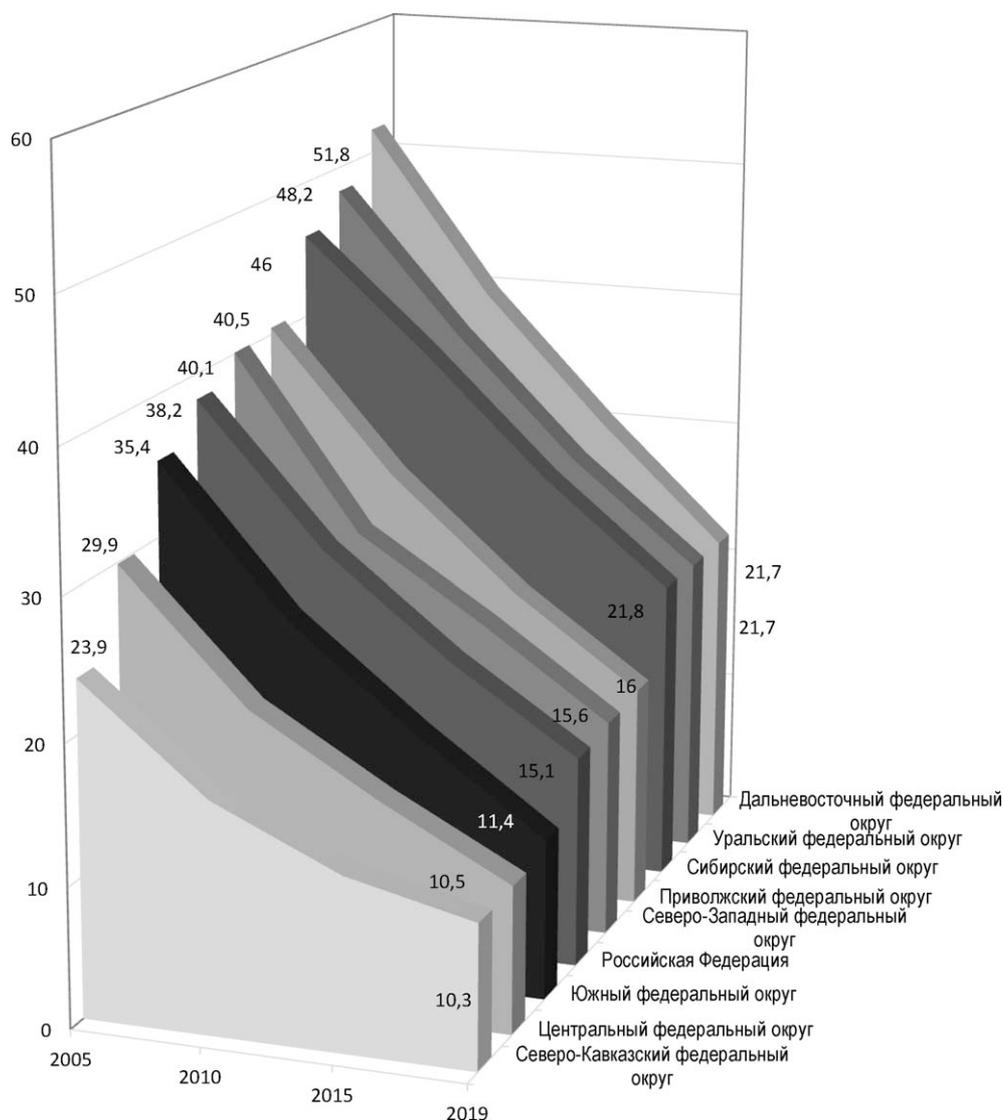


Fig. 4. Differentiation of federal districts in terms of abortion rates per 1000 women of reproductive age.

tions of primigravidas. Such an indicator as the ratio of abortions in primigravidas to the total number of abortions shows a consistent decrease from 2005 until 2017 and an increase in 2018–2019.

For the years presented in the study materials, the average percentage of spontaneous abortions to their total number is 18.9%. In our opinion, the minimization of spontaneous abortions their prevention in the early stages is a necessary measure to preserve the desired pregnancy. Without a doubt, the efforts of medical workers to prevent abortions should first of all aim at protecting this pregnancy.

The share of medical (legal) abortions is slightly more than half of the total abortions. The share of criminal abortions is 0.03% as of 2019. Since 2012, as a social indication for abortion, it has been the result of a crime under Article 131 of the Criminal Code of the Russian Federation⁹. There is a tendency to reduce the number

⁹ Decree of the Russian Federation Government of 06.02.2012 No. 98 "On social indications for artificial termination of pregnancy."

of abortions for social reasons.

Regional features of the spread of abortions.

From 2005 to the present, the dynamics of the decline in abortions have shown positive trends, but its rates are different in the federal districts. The top three in terms of positive rates of reduction in abortions are the North Caucasus, Central, and Southern federal districts. At the same time, negative trends, and the persistence of high rates of abortions in the Far East and Ural Federal Districts cannot but be alarming (Fig. 4, 5).

The results of a questionnaire survey conducted in the All-Russian sociological survey «Demographic well-being of Russia» in 2019–2020 in ten constituent entities of Russia (n=5616 people) also indicate that termination of pregnancy remains a widely used method of regulating childbearing. The proportion of women with a history of abortion before marriage was 16%.

In the Ivanovo region, a third of women terminated their pregnancy before marriage, a quarter — in the Volgograd region, 20% in the

Nizhny Novgorod region, and 19% in the Sverdlovsk region (Table 2).

The proportion of women who terminated pregnancy before the birth of their first child is less — 9%. However, between the first and second, a quarter of women had already terminated their pregnancy, and 27% between the second and third. This is a serious problem, probably due to the aging of motherhood and low contraceptive culture with a relatively early onset of sexual activity.

Referring to the data of earlier regional studies [22], attention should be paid to early unprotected sexual intercourse before the age of 17, which leads to unwanted pregnancies that lead to abortion.

Low awareness of the population in matters of reproduction is typical for a significant part of Russians. For example, studies conducted in the Vologda Oblast show that about 50% of people of reproductive age lack information on reproductive behavior, 13% have intermittent, casual sexual contacts, while 12% of them do not use any contraceptives. It also increases the risk of un-

Здоровье и общество

wanted pregnancy and sexually transmitted infections [22].

The use of contraceptives allows you to plan a pregnancy and prevent its unwanted appearance, which can be eliminated through abortion. The task of contraceptive behavior is to regulate the number and time of the appearance of children.

Currently, discussions continue about the effectiveness of contraceptive methods and the fight against their side effects [23]. The official statistics of the Russian Federation to assess the degree of abortion prevention uses an assessment of the use by women of contraceptives such as intrauterine devices (IUDs) and hormonal contraception. However, in Russia, hormonal contraception, as well as the use of intrauterine devices (IUDs), are not widely used, as evidenced by official statistics (Table 3) [24].

Meanwhile, hormonal contraception and IUDs to prevent unwanted pregnancy are more often used in the Siberian, Urals, Far Eastern, and Volga federal districts, which are also characterized by high abortion behavior. However, more frequent contraceptives by women in these federal districts are not reflected positively in decreasing the number of abortions in these regions. On

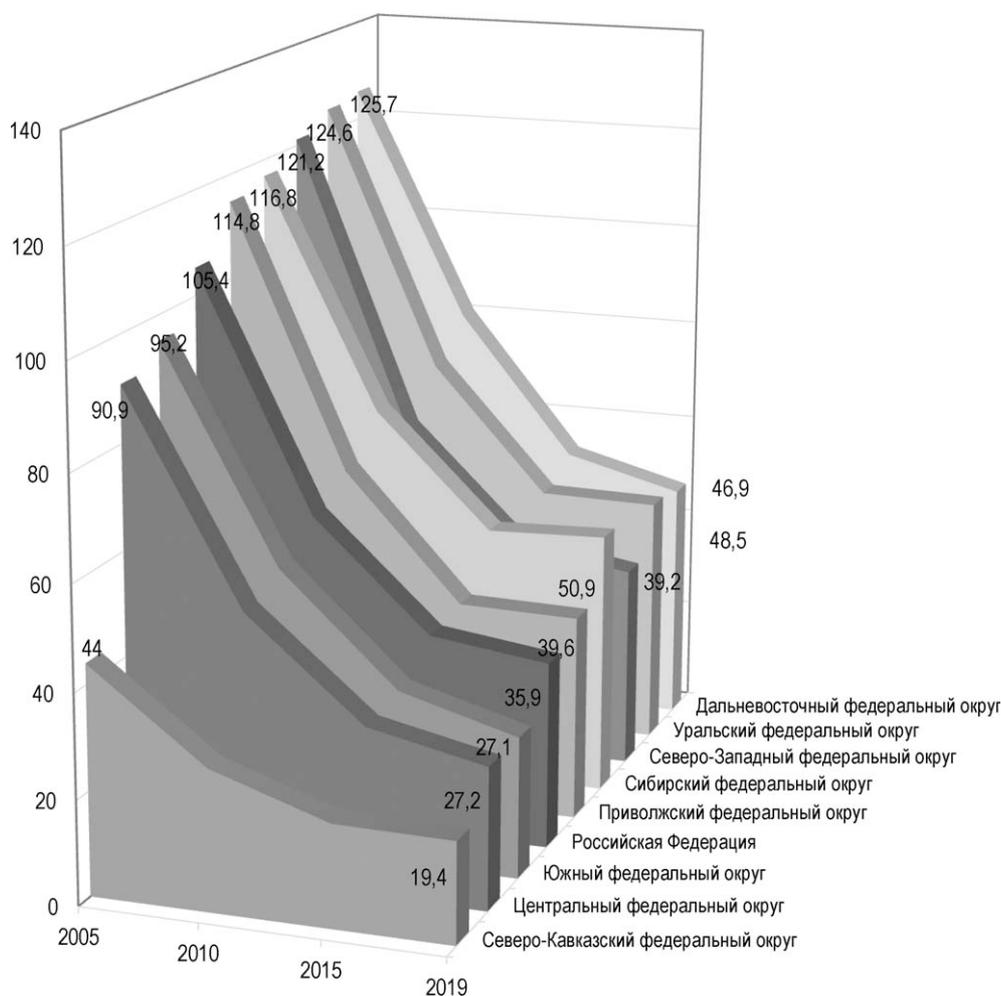


Fig. 5. Differentiation of federal districts by abortion rates per 100 live and dead births

the contrary, these federal districts are anti-leaders in terms of the number of abortions performed in Russia, which may indicate both an insufficient attitude of the population of the regions that make up these federal districts to the effective use of contraceptive methods and

Table 2

Abortive behavior, in % of women surveyed

Possible answer	Ivanovo region	Moscow region	Moscow city	Vologodskaya Oblast	Volgograd region	Stavropol region	Republic of Bashkortostan	Republic of Tatarstan	Nizhny Novgorod Region	Sverdlovsk region	The average by poll
Prior to current marriage (for all women)											
Yes	33.3	9.4	12.4	18.1	24.7	12.6	10.9	7.9	20.3	19.1	16.3
No	66.7	90.6	87.6	81.9	75.3	87.4	89.1	92.1	79.7	80.9	83.7
After entering the current marriage before the birth of the first child (for all women)											
Yes	0.0	3.6	7.6	7.6	24.0	8.0	5.4	4.2	3.9	11.7	8.7
No	100.0	96.4	92.4	92.4	76.0	92.0	94.6	95.8	96.1	88.3	91.3
Between the birth of the first and second child (for those women who have 2 or more children in their current marriage)											
Yes	100.0	21.5	35.9	20.2	50.0	27.3	26.4	20.3	23.8	29.1	27.0
No	0.0	78.5	64.1	79.8	50.0	72.7	73.6	79.7	76.2	70.9	73.0
Between the birth of the second and third child (for those women who have 3 or more children in their current marriage)											
Yes	0.0	20.0	50.0	15.0	0.0	36.8	27.0	42.9	0.0	8.3	25.4
No	0.0	80.0	50.0	85.0	0.0	63.2	73.0	57.1	100.0	91.7	74.6
After the birth of the youngest child (for all women who have children in their current marriage)											
Yes	0.0	7.1	14.3	20.9	15.0	13.4	15.7	11.6	24.3	20.3	16.1
No	100.0	92.9	85.7	79.1	85.0	86.6	84.3	88.4	75.7	79.7	83.9

Note: Question wording: "Have you had an abortion?"

Table 3

Use of hormonal contraception and IUD by Russian women under medical supervision (use of contraceptives per 1000 women of reproductive age)

Subjects of the Russian Federation	Is under supervision at the end of the year using: hormonal contraception per 1000 women of reproductive age; IUD per 1000 women of reproductive age						
	2005	2010	2015	2016	2017	2018	2019
The Russian Federation	94; 136.8	125.5; 127.9	129.6; 113	130.6; 107.5	129.4; 103	129.9; 100.2	126.4; 94.2
Central Federal District	73.2; 67.7	83.7; 55.9	91; 47.3	90; 42.3	90.3; 38.8	87.4; 38.6	83.1; 35.1
Northwestern Federal District	81.6; 97.9	104.6; 86.3	123.7; 73.8	129.2; 70.5	122.8; 60.2	118; 60.9	125.1; 51.6
Southern Federal District	70.9; 100.5	82.3; 80.1	101.1; 66.3	117; 68.5	121.6; 65.4	114.5; 61	113.7; 56
North Caucasian Federal District	51.4; 104.8	205.2; 108.6	60.4; 111.7	64.5; 92.9	66.8; 85.5	62.9; 87.7	61.9; 91.2
Volga Federal District	105.3; 204.1	133.6; 201	152.1; 185.9	161.1; 188.8	156.7; 178.4	156.3; 173.5	148.9; 166.7
Ural federal district	111.5; 174.2	153.3; 175.6	173.1; 157.8	178.1; 160.6	187.1; 170.3	189.7; 155.3	178.8; 142.8
Siberian Federal District	126.9; 195.6	163.2; 196.7	183.2; 171.3	172.7; 149.9	162.7; 147.8	187.3; 148.2	186.2; 137
Far Eastern Federal District	152.3; 155.5	176; 135.1	182.9; 114.5	166; 105.1	167.1; 100.1	163.8; 113.4	157.2; 110.7

Note: Compiled by the authors based on the data of the Federal State Budgetary Institution “TsNIIOIZ” of the Ministry of Health of Russia (FRIHOI of MoH of Russia) for 2005, 2010, 2015–2019.

to the preservation of a pregnancy that has already occurred. This may be due to the low level of contraceptive culture of the population, insufficient awareness of family planning and the role of contraception in this process, the high cost of modern contraceptives, distrust of them (due to ignorance of the rules for their use and the degree of impact on health), unwillingness of husbands to use contraceptives by their wives, etc. Also, the socio-economic conditions of life of Russian families in these regions need special assessment; it is necessary to clarify regional programs aimed at supporting motherhood, fatherhood, childhood, family, and youth policy.

We will study the relationship of contraceptive behavior with matrimonial and reproductive. It is logical to assume that contraception is used to a greater extent after the realization of reproductive intentions and before the decision to have the first child.

An analysis of the results of the All-Russian sociological survey «Demographic well-being of Russia» shows that according to the proportion of those who were protected in the protogenetic interval (the time interval between marriage and before the birth of the first child), contraceptive behavior is related to matrimonial and reproductive. Thus, in regions where the share of those

oriented towards official marriage and its conclusion before or immediately from the beginning of a joint life is more represented, a greater orientation towards the first child's birth is also likely, i.e., lack of contraception in the protogenetic interval. The hypothesis was confirmed for the Republics of Bashkortostan and Tatarstan (Table 4).

In the intergenetic interval (the interval between successive births), 48% reported the use of contraception: between the first and second — 64%, between the second and third 54%, 70% were protected after the birth of the youngest last baby (Table 2). These data may indicate the problem of postponing children's birth by Russian families. There is no doubt that the abortion and contraceptive behavior of Russians needs to be assessed and develop adequate management mechanisms based on the values of an officially registered marriage a healthy children's family, considering regional specifics and local culture. It becomes pretty obvious: when correcting abortion-contraceptive behavior, it is necessary to consider social, economic, cultural, psychological (motivational, behavioral, etc.) criteria of a non-medical nature and retaining that contraceptives are prescribed considering medical indications and contraindications

Table 4

Contraceptive behavior, in % of those who are now or were previously married

Possible answer	Ivanovo region	Moscow region	Moscow city	Vologodskaya Oblast	Volgograd region	Stavropol region	Republic of Bashkortostan	Republic of Tatarstan	Nizhny Novgorod Region	Sverdlovsk region	The average by poll
From current marriage to first child (for all)											
Yes	100	50.4	66.3	38.5	56.6	50.3	33.9	40.1	35.6	51.4	48.3
No	0.0	49.6	33.7	61.5	43.4	49.7	66.1	59.9	64.4	48.6	51.7
Between the births of the first and second child (for those who have 2 or more children in their current marriage)											
Yes	100	77.9	69.6	55	25	65.6	59.6	61.5	50	67.6	64.2
No	0.0	22.1	30.4	45	75	34.4	40.4	38.5	50	32.4	35.8
Between the birth of the second and third child (for those who have 3 or more children in their current marriage)											
Yes	0.0	68.2	68	61.8	100	46.4	44.9	90	0.0	56.0	54.1
No	0.0	31.8	32	38.2	0.0	53.6	55.1	10	100	44.0	45.9
After the birth of a youngest child (for anyone with children in their current marriage)											
Yes	100	69.4	80	67.2	70.8	77.2	66	73.8	55.8	68.4	70.2
No	0.0	30.6	20	32.8	29.2	22.8	34	26.2	44.2	31.6	29.8

Note. The wording of the question: “Did you and your husband (wife) protect yourself from pregnancy in your current marriage?” Question for those who are now or were previously married.

to them. Therefore, we can talk about the effectiveness of a particular contraceptive concerning a single family or woman.

Discussion

The official statistics of the Russian Federation show positive trends in the abortion behavior of the population. At the same time, solid regional differentiation remains due to both socio-economic and socio-cultural factors. This is confirmed by the results of other studies, for example, N. E. Rusanova, in her works, also concludes that "... abortions as an element of reproductive regulation in Russia demonstrate a steady downward trend. Public condemnation and contraception are gradually moving to a modern structure that contributes to preserving and correcting individual reproductive capabilities (the intrauterine device is slowly losing popularity; modern hormonal contraceptives are increasingly used). The author notes that for Russia, where traditional ineffective methods of child regulation, the acceptability of abortions, and a lack of knowledge about emergency contraception are still widely preserved, such trends are significant [25].

However, there are other opinions that official data may be underestimated since they do not consider the distribution of abortion pills in Russia since the 2000s. These pills can be bought by women illegally, for abortion at home, or prescribed by doctors in private clinics. In 2015, the head of the Union of Pediatricians of Russia, Alexander Baranov, at a press conference on the issue of removing abortions from the compulsory medical insurance system, emphasized that "... in Russia, according to experts, there are from three to four million abortions per year, performed, primarily in private clinics" [26]. Thus, we can talk about underestimated official abortion statistics in Russia. And we can confidently say that for the majority of Russians, the acceptability of abortion as a way to regulate childbearing remains [27].

Considering the foreign experience of the prevalence of abortions, V. I. Sakevich notes that in European countries, young unmarried girls who resort to them to delay the birth of their first children more often use abortions, while in Russia, women regulate the number of children or the size of the intergenetic interval with the help of abortions to a greater extent. Perhaps due to the earlier age of family formation and children's birth in Russia. The study also notes that Russia has the highest rate of abortions in 30–34 and 35–39 years and is comparable to the level of prosperous countries in terms of teenage abortions [28].

The use of abortion to regulate childbearing is primarily due to the population's awareness and medical literacy. For example, the Vologda Oblast's mandatory pre- and post-abortion counseling for women, active educational work in vocational education institutions on this topic, social advertising, and the involvement of public organizations¹⁰ made it possible to reduce the proportion of young girls who terminated pregnancy by abortion by four times [29].

Conclusion

Abortions make up a significant part of reproductive losses [30]. At present, the contribution of regulation of abortion behavior to population growth cannot be overestimated, since it is quantitatively small, but improving medical and contraceptive literacy and the formation of a responsible attitude towards one's health will undoubtedly contribute to improving the quality of life. For the demographic policy of Russia, the formation in society of the value of a prosperous family, in which the birth of both the first and subsequent children is not delayed, and pregnancies are not interrupted, is important. It is necessary to carry out additional scientific research in this area to identify effective measures aimed at a more complete realization of the demographic potential of the Russian family.

It is necessary to consider another very important point regarding the significance of abortion behavior in the context of population conservation. Therefore, for all levels of national, regional, municipal government, the formation of tasks to regulate the reproductive behavior of the population is required.

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¹⁰ Center for Public Initiatives. Official website: <http://coi.ru>, "The Sanctity of Motherhood" is an All-Russian demographic program, developed by the public organization Center of National Glory in 2005, author and leader — A. Yu. Kochenov. It is implemented in 26 regions of Russia. Official website of the program: <http://kfcnsr.ru/about/about-sm.html>

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