

3938074 PRRH: MAJOR : POPULATION, REPRODUCTIVE HEALTH,
AND HIV/AIDS RESEARCH; M.A. (POPULATION, REPRODUCTIVE
HEALTH, AND HIV/AIDS RESEARCH)

KEY WORD: INDUCED ABORTION / ACCESS TO FAMILY PLANNING
SERVICES

LAI LAN PHUONG : THE RELATIONSHIP BETWEEN INDUCED
ABORTION/MR AND ACCESSIBILITY OF FAMILY PLANNING SERVICES
IN VIETNAM. THESIS ADVISOR : APHICHAT CHAMRATRITHIRONG Ph.D.,
WATHINEE BOONCHALAKSI M.A. 59p. ISBN 974-588-886-9.

The main purpose of this study was to assess the relationship between induced abortion/MR and accessibility of family planning services in Vietnam. Besides, this study also investigated the influence of demographic and socio-economic factors on induced abortion/MR. The multivariate modeling was employed to assess of the "net" effect of independent variables adjusted for the effect of potentially confounding factors. The analysis was at the individual level and the dependent variables were dichotomous variables for induced abortion versus non-induced abortion/MR and repeated abortion, as well as a continuous variable for frequency of abortion. Therefore, logistic and multiple regressions were applied. This study used secondary data from the Intercensal Demographic Survey in Vietnam which was carried out in 1994 by the General Statistics Office. The 10,079 sample women in this research consisted of married women who had ever been pregnant.

The finding showed that women who have greater access to FP services are less likely to use induced abortion/MR but are more likely to have higher frequency of abortion use. It can be said that a majority of women use contraception to replace abortion/MR, however, some of them use abortion/MR as the sole method to regulate their fertility. Repeated abortion is only used as back-up method to contraceptive failure. The results found in three models are similar. Women in non agricultural, urban, and older groups are more likely to resort to abortion, and also more likely to have repeated abortion than other groups. Furthermore, frequency of abortion also increases among these groups. Similarly, pregnancy termination was more likely employed by women in the Red River delta much more than in other regions, which is consistent with three models. Education and economic status did not affect PT using.