ly monotonically increasing pattern: It was zero among teenagers and rose to 20 of every 100 pregnancies among women aged 35 or older. Variation in the abortion rate by age at abortion was similar to that in the proportion of pregnancies ending in abortion, except that the abortion rate fell for the oldest age-group.

• Parity. The distribution of abortions varied sharply by parity. Childless women obtained 9% of all abortions, while those who had two children at the time of the interview obtained 53%. Although the abortion rate followed a similar pattern, the proportion of pregnancies ending in abortion did not: Nulliparous women and those with two children terminated 11% of their pregnancies, whereas the proportions terminated by women with one child or at least three were lower (5–6%).

• Fertility preference and desire. Nearly six in 10 abortions were obtained by women who wanted two children, and one in three abortions were reported by those who wanted a single child. Nonetheless, our abortion measures showed an inverse relationship between abortion and the ideal number of children: The abortion rate and the proportion of known pregnancies ending in abortion were highest (6.5 per 1,000 women and 8.6 of every 100 pregnancies, respectively) among women who wanted only one child, and both fell steadily as the desired number of children increased. Similarly, who wanted no more children had the highest abortion rate and proportion of pregnancies ending in abortion.

• Education. The percentage distribution of abortions by educational attainment largely reflected the distribution of women and their husbands by schooling. However, the abortion rate rose monotonically as education level increased, with a sharp rise among women whose husband had some postsecondary education. The proportion of known pregnancies ending in abortion by women’s schooling showed an inverted U-shaped relationship, in which the incidence of abortion reached a peak among women who had some secondary schooling (8.6 of every 100 pregnancies). In contrast, the proportion was 6.7 of every 100 pregnancies among women who had some postsecondary education.

• Employment. The vast majority of abortions were obtained by unemployed women. However, the proportion of pregnancies ending in abortion was higher among the employed than the unemployed (8.7 of every 100 pregnancies vs. 7.3 of every 100). Similar levels have been observed in the whole population of Iran. The abortion rate was also higher among employed women.

• Religiosity. Most abortions were obtained by women who said that religion was very or somewhat important in their life. The proportion of pregnancies ending in abortion, however, showed an inverse relationship between incidence of abortion and religiosity. The proportion ranged from 6.7 of every 100 pregnancies among women who believed religion was very important to 10.8 of every 100 pregnancies among those who viewed religion as not too or not at all important. The estimated abortion rate also increased as women’s level of religiosity declined.

• Ethnicity. The distribution of abortions and the proportion of pregnancies ending in abortion varied substantially by ethnicity. Though the patterns of abortion and ethnicity of women and their husbands were similar, variation in the abortion rate and the proportion of pregnancies ending in abortion by husband’s ethnicity was stronger. Gilak and Mazandarani women accounted for only 9% of known estimated abortions, but had the highest proportion of pregnancies ending in abortion of all ethnicities (10.4%). Similarly, women whose husband was Gilak or Mazandarani accounted for 13% of abortions, but they had the highest proportion of pregnancies ending in abortion (16.4 of every 100 known pregnancies) and the highest abortion rate (11.5 abortions per 1,000 women). Their high abortion rate can be explained partly by the fact that women from these ethnic groups have the highest level of withdrawal use in Iran.

• Household expenditure. The percentage distribution of abortions by household expenditure indicated that nearly two-thirds of abortions were obtained by women in the third and fourth highest income quartiles. The proportion

Notes: Total abortion rate=3.9–0.07×rate of modern contraceptive use; R^2=0.75 (p<0.001). Other countries are for three cities. Contraceptive data for Tehran, Turkey, Azerbaijan, Armenia, Moldova, and the Ukraine are based on reports from currently married women aged 15–49; these data for other countries are based on reports from all women aged 15–44. Sources: Armenia—National Statistical Service of Armenia (NSS), Ministry of Health of Armenia (MOH) and ORC Macro; Armenia Demographic and Health Survey, 2005, Calverton, MD, USA: NSS, MOH, and ORC Macro, 2006. Azerbaijan—State Statistical Committee of Azerbaijan (SSC) and Macro International, Azerbaijan Demographic and Health Survey, 2006, Calverton, MD, USA: SSC and Macro International, 2008. Moldova—National Scientific and Applied Center for Preventive Medicine of Moldova (NSACPM) and ORC Macro, Moldova Demographic and Health Survey, 2005, Calverton, MD, USA: NSACPM, and ORC Macro, 2006. Turkey—Hacettepe University Institute of Population Studies (IPS), Turkey Demographic and Health Survey, 2008, Ankara, Turkey–IPS, 2009. Ukraine—Ukrainian Center for Social Reforms (UCSR) et al., Ukraine Demographic and Health Survey, 2007, Calverton, MD, USA: UCSR and Macro International, 2008. Other countries—reference 19.