Analyses

- **Descriptive.** We performed a descriptive analysis that shows trends in the proportion of pregnancies that were terminated each year and decomposes the terminations into their safer and less-safe components.* We examined these trends separately for the MCH-FP and comparison areas and used t tests to assess whether differences between areas are statistically significant.

- **Multivariate.** We first estimated a logistic regression explaining whether pregnancies were terminated by any method (model 1). We also estimated a multinomial logistic regression model to assess the odds that a pregnancy was terminated by a safer method instead of not being terminated, or the odds that a pregnancy was terminated by a less-safe method instead of not being terminated (model 2). The reference category included miscarriages and stillbirths as well as live births. We included miscarriages and stillbirths in our sample because those outcomes typically occur after decisions about whether to terminate a pregnancy are made. (The median and average durations of pregnancies that end in each type of termination are shorter than those for miscarriages and, of course, for live births and stillbirths.12) Our use of a multinomial model was based on the assumption that women decide among the three options (terminating the pregnancy by a safer method, terminating by a less-safe method or not terminating) and that the availability of safer methods affects the probability that a pregnancy is terminated, which we think is possible.

Another possibility is that women first decide to terminate a pregnancy (regardless of which methods of termination are available) and then decide what method to use. To our knowledge, no studies have examined which model of decision making is more appropriate. If the second possibility is a more accurate reflection of women’s decision making, one would first estimate a model explaining which women terminate (our model 1) and then a model restricted to terminated pregnancies that explains which method was chosen. Because we do not know which decision-making model is more appropriate, we estimated a logistic regression for the sample of terminations that examined whether the termination was by a safer or less-safe method (model 3). This model also allowed us to test whether any associations with explanatory variables differed between the two categories of pregnancy terminations that we considered.

All of our multivariate analyses used the vce option in STATA to adjust standard errors for the fact that some women had more than one pregnancy. The 122,691 pregnancies that were included in the analysis occurred to 57,331 women.

To explore whether the gap in the incidence of pregnancy termination between the MCH-FP and comparison areas has shrunk, we included interactions between area and calendar year in our regression analyses. We did this in two ways. First, we examined interactions between the dichotomous indicators for the five-year periods and the