dichotomous indicators for each area of Matlab. This enables us to see the trend over time in each area. Second, we performed an alternative regression that included the dichotomous variables for the calendar-year periods and terms for the interactions between each year category and the indicator for the MCH-FP area. In this specification, the coefficient of the interaction shows how the probability of pregnancy termination in the MCH-FP area differed from that in the comparison area in the relevant time period; the statistical significance of differences was assessed using t tests.

RESULTS

Descriptive Analyses

The proportion of pregnancies that were terminated was greater in the comparison area than in the MCH-FP area in all years except 2008 (Figure 1, page 121). The differences were generally substantial. Between 1989 and 2006, the proportion was 50% to 220% larger in the comparison area than in the MCH-FP area. However, the proportion of pregnancies terminated has risen since 2005 in the MCH-FP area, whereas it has fallen since 2003 in the comparison area. In 2008, the proportion of pregnancies that were terminated in the MCH-FP area exceeded that in the comparison area, though the difference was not statistically significant.

The higher proportions of pregnancies that were terminated in the comparison area relative to the MCH-FP area during most of the study period were generally matched by higher probabilities of each type of pregnancy termination. The probability of pregnancy termination by safer methods was significantly higher (p<.05) in the comparison area than in the MCH-FP area in all years except 1989, 1990, 2007 and 2008, and the probability of termination by less-safe methods was significantly higher in the comparison area in all years except 1993, 2004 and 2008.

Between 1989 and 2008, there was a shift in both areas of Matlab toward the use of safer methods of pregnancy termination. The proportion of pregnancies terminated by safer methods increased in the MCH-FP area from eight per 1,000 pregnancies to 38 per 1,000, and in the comparison area from 12 per 1,000 to 40 per 1,000 (after reaching a high of 66 per 1,000 in 2002). The proportion of pregnancies terminated by less-safe methods fell in the MCH-FP area from a high of 16 per 1,000 in 1991 to five per 1,000 in 2005, though it increased to 10 per 1,000 in 2008. In the comparison area, the proportion of pregnancies terminated by less-safe methods fell from 26 per 1,000 in 1989 to eight per 1,000 in 2008, though it briefly rose to 31 per 1,000 in 1997.

The proportion of pregnancy terminations done using safer methods increased between 1989 and 2008 from 39% to 79% in the MCH-FP area, and from 32% to 84% in the comparison area (Figure 2). Since 1993, most pregnancy terminations in Matlab have been done by safer methods. The proportion of terminations performed using safer methods did not systematically differ between the MCH-FP area and the comparison area; the difference between areas was statistically significant only in 1997, when the proportion was greater in the MCH-FP area.

Multivariate Analyses

The first of our three logistic regression models examined the likelihood that pregnant women chose to terminate their pregnancies. The second was a multinomial regression analysis examining the likelihood that a pregnant woman had a safer pregnancy termination rather than no termination (the latter generally meant that the pregnancy was carried to term) or had a less-safe pregnancy termination rather than no termination. In the third model, we considered only terminated pregnancies and estimated a logistic regression explaining whether these pregnancies were terminated using safer rather than less-safe methods, enabling us to test whether any differences seen in model 2 between use of safer and use of less-safe methods of termination were statistically significant.

The relationship between women’s age and the likelihood of any type of termination was J-shaped, as women in the youngest and oldest age-groups were more likely than those aged 20–24 to terminate their pregnancies (Table 1). For example, the likelihood of termination was significantly higher among women aged 15 or younger (odds ratio, 3.2) or 16–17 (1.5) than among those aged 20–24 (model 1); this pattern was evident for both safer and less-safe methods of pregnancy termination (model 2). The likelihood that a pregnancy was terminated was lowest for women aged 18–24 and then increased with age, both overall and for each method (model 1); the odds of any type of termination were particularly high for the oldest women—those aged 35–39 (6.7), 40–44 (14.1) or 45 or