

**YOUNG ADULT  
REPRODUCTIVE HEALTH SURVEY  
ROMANIA, 1996**

**PRELIMINARY REPORT**

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## **Preface**

During the early 1990's Romania experienced major socio-economic and political changes involving virtually all aspects of life for the people of Romania. Therefore, more information was needed to assess the reproductive health status of the population during a period of rapid change in health care that influenced the health of women and children. In 1993, the Romanian Ministry of Health, with technical assistance provided by the Division of Reproductive Health of the Centers for Disease Control and Prevention (DRH/CDC), conducted the first national population based survey of reproductive health (RRHS). The survey was designed to provide the Ministry of Health, international agencies, and nongovernmental organizations (NGO's) active in the area of women's and children's health with essential information on fertility, reproductive practices of women, maternal care, maternal and child mortality, health behaviors, and attitudes toward selected reproductive health issues.

The 1993 RRHS concentrated on in-union women 15-44 years of age. A representative sample survey directed at young adults (of both sexes) to document their sex education, attitudes, sexual behavior and use of contraception had never been carried out in Romania. The Centre for Development and Population Activities (CEDPA) and the International Foundation for Children and Families (IFCF), two adolescent oriented NGO's active in Romania, proposed that a young adult reproductive health survey (YARHS) be conducted in Romania, to improve knowledge about the reproductive health and social problems of young women and men in Romania. Also, survey results could be used to plan effective information campaigns, policies and programs targeting young people, and could be helpful to monitor and evaluate the impact of programs already in place.

The survey was carried out between July and October 1996 with principal support from the Agency for International Development (USAID). This is the first nationwide population-based young adult reproductive health survey conducted in Europe.

We have hastened to provide a preliminary report for this recently conducted survey, primarily to meet the needs of public health leaders who want to use these results while the data are fresh, we expect to provide a final report with more detailed analysis within the next 6 months.

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## **Acknowledgments**

We would like to acknowledge all the organizations and persons who contributed to the various phases of the Romania Young Adult Reproductive Health Survey (YARHS). This survey was conducted by the International Foundation for Children and Families (IFCF) who subcontracted the field work to the National Institute for Mother and Child Care (IMCC) and data processing to the National Commission for Statistics (NCS). Technical assistance in survey design, sampling, questionnaire development, training, and data processing was provided by the Division of Reproductive Health (DRH) of the United States Centers for Disease Control and Prevention (CDC). Principal investigators of this study were Dr. Alin Stanescu, national director of the YARHS, and Dr. Florina Serbanescu and Dr. Leo Morris from DRH/CDC.

Most of the funding for the YARHS was provided by the Centre for Development and Population Activities (CEDPA) through a grant from the United States Agency for International Development (USAID Grant Number=EUR-0002-G-00-1016-00). Additional funding was provided by the United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF).

We wish to thank the 4,072 women and men who made such a major contribution to our knowledge on young adults' health in Romania by their participation in YARHS. Special thanks are also extended to Dr. Serban Ionescu, Executive Director of the IFCF, Dr. Adrian Georgescu and Gabriel Banceanu, Directors of the IOMC, Luminita Marcu, Survey Project Manager, Lucia Branga, Field Work Coordinator, Dr. Carmen Cruceanu, Training Consultant, Doina Apostol, Data Entry Supervisor, Victor Dinculescu, Director of the Census Division, as well as CEDPA staff--Kathryn Engustian, Director of the Romania Project, Peggy Curlin, CEDPA's President, and Lucy Ankiewicz, Director of Finance--for their assistance in design, planning and financial management. Many thanks to Mary Ann Micka, USAID Health Representative, for her contribution in the early planning and continued support of the survey and to Roseanne Murphy, former CEDPA director for the Romania Project, who first saw the need for this survey. Also, many thanks to Howard Goldberg, DHR/CDC for his editorial assistance, and to Rose Pecoraro, Graphic Unit, of the Information Resources Management Office of the CDC (IRMO/CDC) for her superb work with the cover design.

We gratefully thank our dedicated interviewers and supervisors for their commitment and discipline and the directors of the District Sanitary Directorates who facilitated the field work.

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# CHAPTER I

## INTRODUCTION

### 1.1 Background

In traditional, predominantly rural societies, women typically marry and start their childbearing at young ages. Consequently, young wives and mothers in these settings generally have the economic and social support of their families and communities. However, traditional norms are weakening, the forces of modernization–urbanization, rising educational attainment, more exposure to the mass media, and changes in the status of women–have altered every aspect of life, including the patterns and consequences of early childbearing.

Today, owing to these factors and later age at marriage, many young people experience a greater period of time exposed to premarital intercourse, and a higher number of sexual partners, with a higher risk of unintended pregnancies, induced abortions and sexually transmitted diseases. The widening gap between age at first intercourse and first marriage puts more young people at risk and poses increasing concerns for public health.

For young people who do not protect themselves from the risk of unintended pregnancy and sexually transmitted diseases, the consequences can be very serious. Early exposure to unprotected intercourse puts the health of a young mother at higher risk, whether she chooses to bear the child or seek an abortion. At the same time, early marriage and/or childbearing may terminate a young woman's education, limiting her future job prospects. The obstacles faced by infants born to teenage women mirror those of their mothers: they face an elevated risk of illness and death, and of being caught in a cycle of poverty, passed on from one generation to the next. Young men also face consequences from early sexual activity and fatherhood, including exposure to STDs and the need to drop out of school to support their families. Society at large faces several interrelated burdens. First, if a young woman fails to complete her education, her economic contribution to her country, as well as to her family, is likely to be less. Thus, society will not benefit as much from the investment made so far in her education. Second, a country such as Romania will have to struggle to find ways to help support young mothers and their children who are often trapped in poverty. Third, young mothers and their children will incur higher medical care expenses. And fourth, society will have to allocate more resources for supporting abandoned or run-away children.

Despite socioeconomic changes and an increasing number of young people living in urban areas, who are better educated, and more informed about lifestyle options, there are still many young women who have little education and poverty-level incomes. Compared with their counterparts who have better educational and job opportunities, poor women have less control

over their lives, less understanding of their bodies, and less knowledge about and access to family planning. In their marriage and childbearing patterns, these young women are behaving more like their mothers than their peers. For these young women, the doors to better education and employment must be opened, concurrent with better access to family planning information and services.

Finding appropriate responses to these problems has been made all the more complex by recent social changes. Before 1990, Romania was the setting of one of the world's most rigorously enforced pronatalist policy which resulted in very high rates of unintended pregnancy. Under the pronatalist policy enacted in Romania in 1966, abortion and contraception were severely restricted and draconian measures were taken to enforce compliance with the law. After the December 1989 revolution, abortion and contraception were legalized. Clinics were inundated by women seeking abortions, and newly created family planning services were confronted with the task of running a comprehensive program amid severe economic problems, deficient infrastructure, and resistance to modern contraception by both the public and health care providers. Although large quantities of contraceptive supplies (condoms, IUDs, pills, and barrier devices) have been imported by the MOH and recent official statistics (MOH, Anuar de Statistica Sanitara, 1995) report a gradual decrease in abortion rates, Romania continues to have the highest induced abortion rate per 1000 women in Europe (107 abortions/1000 women aged 15-44 in 1994) and 2.1 induced abortions for each birth in 1994 (a decline from 3.2 in 1990).

The 1993 Romanian Reproductive Health Survey (RRHS) (Serbanescu et al, 1995) documented low prevalence of modern contraceptive use and strong reliance on traditional family planning methods whose high failure rates (31%) led to greater levels of unintended pregnancy. Limited education about sexuality and contraception, mistrust and misinformation about modern methods, lack of adequately trained providers, shortage or uneven distribution of contraceptive supplies, and, in some instances, legal constraints, were major reasons for the continued high rates of unintended pregnancy. Sex education was removed from the school curriculum in the early 1980's and contraceptive counseling was forbidden, the few efforts that have been made to introduce sex and contraceptive education in the secondary schools' curriculum have been hindered by the resistance of both teachers and parents and the lack of adequate training of teachers. According to RRHS, only 4% of women said that they first heard about contraception from their mother, and fewer than 3% cited a teacher. Overall, the major source of information about any contraceptive method was a friend or acquaintance (45%), followed by mass media (19%), and health care providers (10%). Even though one in five women mentioned mass media, since 1990, when uncensored publications have multiplied, mass media have played a minor role in contraceptive educational efforts. This minor role is due to financial constraints, little interest in health issues relative to the freedom to pursue political and economic topics for the first time, and lack of specialists able to educate the public about family planning in nontechnical terms.

Postabortion counseling is virtually unknown, and prenatal services, though highly attended (94%), do not address postpartum contraceptive needs. Although an increasing number of physicians and nurses are involved in family planning activities in addition to their other tasks,

recent Ministry of Health regulations (Ministerul Sanatatii, 1994) narrowed the eligibility of providers by requiring six months of continuous training in order to obtain "family planning competency ". At the present time, only gynecologists may "officially" prescribe contraceptives and insert IUDs. Unfortunately, their contraceptive counseling skills and activities are considerably prejudiced by limited time and motivation. The uninterrupted availability of modern contraceptive methods continues to be an issue of great concern. The absence of contraceptive logistics and managerial skills further contributes to shortages and uneven distribution of these supplies, leading to continued dependence on international donors.

Information is needed to describe these problems more fully among young adults and to better understand their consequences and ultimately design intervention programs to meet their needs in a time of significant changes.

The 1993 RRHS included a short module administered to the 1,596 young adult female respondents (15-24 years of age) comprised of questions regarding the age at which they became sexually active, relationship to their first partner, use of contraception at that time, circumstances surrounding their first pregnancy (if ever pregnant), and communication with their mother concerning contraception. Seventy-seven percent of these women reported that they had had at least one pregnancy, while 24 percent of them had their first pregnancy before they reached 18 years of age. Forty-three percent of pregnancies to young adults were unintended. Overall, slightly over half of the 41 percent reporting sexual experience had premarital sexual intercourse. Overall levels of sexual experience ranged from 30 percent in other urban areas to 43 percent in Bucharest to 46 percent in rural areas. Sexual experience began earlier for young women not married (42% less than 18 years of age) at the time of first intercourse compared with those who were married (32% less than 18 years of age). Only one-fourth of young women whose first sexual intercourse was premarital reported that they or their partner used contraception. Contraceptive use was much lower if they were less than 18 years of age at first intercourse. Most couples reporting contraceptive use employed withdrawal. Most of those not using contraception indicated that they did not expect to have intercourse when they did or they did not know about contraception. If first sexual intercourse was marital, even fewer women reported use of contraception (14%) and, again, withdrawal was the most prevalent method.

Data from the RRHS showed that the annual induced abortion rate for teenagers had increased from 10/1000 in the 3-year period prior to 1990 to 32/1000 in the three year period ending May 1993, a three fold increase. For 20-24 year old women, the increase was from 63 to 153/1000. Although the overall age-specific fertility rate for 15-19 year olds was 49 per 1000, the rate for teenagers with only primary school education was 114 per 1000.

Although most young women have heard about the most commonly used modern methods of contraception, a much lower percentage know where they can obtain them. Unfortunately, how much and what they know, particularly about modern methods, was not completely assessed in the RRHS. Focus group studies of young adults funded by CEDPA have explored knowledge, attitudes, and opinions toward modern methods and have shown a high level of misinformation.



Program officials concluded that there are many issues in the area of reproductive health for young women that deserve further examination, also, there is an immediate need to gather data on young men, about whom little information exists regarding health status, health behaviors, and attitudes and opinions in the area of reproductive health. Taking advantage of the information already gathered in previous studies, a household-based young adult survey, was proposed as the best tool to provide representative data on detailed health issues and behaviors among young adults in Romania. For the proposed 1996 National Young Adult Reproductive Health Survey (YARHS), the Division of Reproductive Health of the Centers for Disease Control and Prevention (DRH/CDC) was invited to provide consultation to the local office of the Center for Development and Population Activities (CEDPA) on questionnaire development, sample design, training and field work supervision, data entry and data management, and data analysis. Since 1985, DRH/CDC provided technical assistance for this type of survey in Jamaica, the Dominican Republic, Costa Rica and 10 cities in 5 other countries of Latin America (Morris L , 1994).

The YARHS was carried out from July to October 1996 after the questionnaire was pretested and the field interviewers were trained. The sample design, which is self-weighting on a national basis, yielded 4,072 complete interviews (2025 for females and 2047 for males) in 308 census sectors (154 urban and 154 rural). The final response rate was 90% (93% for the female sample and 87% for the male sample).

## **1.2 Objectives of the Survey**

Two general objectives of the survey were: a) to provide government authorities, other Romanian institutions, and international agencies with representative data so that informed decisions may be made on the provision of family planning and disease prevention services to young adults of both sexes and on the improvement of sex education and family life projects both inside and outside the school environment, and b) to upgrade the institutionalization of survey capability in Romania.

Specific objectives included: (1) providing information on behaviors related to sexual activity and use of contraception, (2) providing data necessary to develop and implement sexual and health education programs, (3) providing information on the use of maternal child health services and breast-feeding, (4) learning about the sources of contraceptive methods for young adults of both sexes, (5) learning about the attitudes of young adults concerning sexual behaviors, sex education, contraception and the family, (6) providing data for the formulation of action plans, particularly those dealing with access to voluntary family planning services, and (7) providing information on the knowledge of AIDS transmission and prevention.

This preliminary report presents an overview of selected survey results. Tabulations and analysis of data were performed by urban-rural residence and selected socio-demographic characteristics. The final report will address all the topics included in the survey in much greater detail.

## **CHAPTER II**

### **METHODOLOGY**

#### **2.1 Organizational Structure**

The Romanian Young Adult Reproductive Health Survey (YARHS) was a collaborative effort with several organizations involved in its design, implementation, and funding. The project was initiated by the Centre for Development and Population Activities (CEDPA), a nonprofit organization which has worked in Romania as an AID cooperating agency for several years and has had vast experience in family planning training and services evaluation. The Division of Reproductive Health (DRH) of the United States Centers for Disease Control and Prevention (CDC) provided assistance in survey design, questionnaire development, training, field work, data entry and editing, and all technical areas of the survey. The International Foundation for Children and Families (IFCF) monitored the local activities and administered the survey budget. The IFCF was also a liaison to other Romanian organizations, including the Institute for Mother and Child Care, which carried out the field work, and the National Commission for Statistics which provided the sampling frame and personnel to perform data entry and edit operations.

Funding for the YARHS was provided principally by the United States Agency for International Development (USAID) through the Centre for Development and Population Activities (CEDPA), by the United Nations Population Fund (UNFPA), and United Nations Children's Fund (UNICEF).

Interviews were administered at the homes of respondents by 20 intensively trained female and male interviewers. There were two female and two male survey teams, each headed by a fieldwork supervisor, and one field work coordinator. Training was carried out immediately before the survey field work began and lasted six days. Interviewer training was organized and conducted by staff from the IMCC and DRH/CDC. In parallel with the first two weeks of field work, a DRH/CDC computer specialist installed data entry/edit software and trained the Romanian staff in its use.

#### **2.2 Questionnaire Content**

The questionnaire was first drafted by CDC/DRH consultants based on the core questionnaire used in the 1993 RRHS and YARHS questionnaires used in Latin America. The survey instrument was then reviewed by Romanian experts in adolescents reproductive health and family planning, as well as by CEDPA and USAID. Based on these reviews, a pretest questionnaire was developed and field tested in April 1996. The YARHS questionnaire covered a wide range of topics related to young adults reproductive health in Romania. The specific areas included were

- Social, Economic and Demographic Characteristics
- Sex Education Inside and Outside of School
- Sexual Behaviors
- Reproductive History and Use of Maternal-child Health Services (Females Only)
- Pregnancy Intendedness and Future Fertility Preferences
- Attitudes Toward Sexuality, Sex Education, Sex Roles, and Contraception
- Use of Contraceptive Methods and Reasons for Non-Use
- Health Behaviors Gynecologic Exams (Females Only), Smoking and Use of Alcohol
- Knowledge of Contraception, Menstrual Cycle, and Sexually Transmitted Diseases
- Knowledge of AIDS Transmission and Prevention

The questionnaire had two components (1) A short household module that was used to collect residential and geographic information, as well as selected characteristics about all young adults living in sampled households, and information on interview status (2) The longer individual questionnaire collected information on the reproductive health topics mentioned above

Results have been examined by urban-rural residence, demographic, and socio-economic characteristics, making it possible to identify the segments of the population with specific health needs or problems and to identify risk factors associated with certain behaviors

## **2 3 Survey Design**

The 1996 YARHS was designed to collect information from a representative sample of men and women 15-24 years of age throughout Romania. The universe from which the respondents were selected included all young adults, males and females, regardless of marital status, who were living in Romania when the survey was carried out.

The survey employed a multistage sampling design which allows independent estimates for males and females. The 1992 census was used as the sampling frame (Comisia Nationala pentru Statistica, 1994). Since there were roughly equal numbers of urban and rural households, the sample was designed to be geographically self-weighting.

The first stage of the two-stage sample design was a selection of 308 census sectors (154 for women and 154 for men) with probability proportional to the number of households recorded in the 1992 Census. This was accomplished using a systematic sample with a random start. Census Sectors for women were drawn first. For every sector selected in the female sample, the next contiguous sector was drawn for the male sample. As a result, two independent samples, one for

female, the other for male respondents, were selected and interviewed by female and male interviewers, respectively

In the second stage of sampling, clusters of households were randomly selected in each census sector chosen in the first stage. Before second stage selection, the number of households in each census sector was updated by the Census Division of the National Commission for Statistics. Cluster size determination was based on the number of households required to obtain an average of 15 interviews per cluster, and ranged from 75 to 85 households. Based on census data and information from the 1993 RRHS (percentage of households with at least one young adult and unoccupied households) and a projected response rate of 90%, a total of 24,000 households were selected in the two samples to obtain interviews for approximately 2,000 females and 2,000 males.

**TABLE 2 1A**  
**Results of Household Visits and Interview Status of Eligible Women By Residence**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Households</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
Identified Eligible Women*	15.7	16.2	15.2
No eligible women	81.4	81.7	81.2
Unoccupied Household	2.2	1.4	3.0
Refusals	0.4	0.4	0.3
Resident Not At Home	0.3	0.3	0.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>No. of Households</b>	<b>11,941</b>	<b>5,617</b>	<b>6,324</b>
<u>Eligible Women</u>			
Completed Interviews	93.3	92.3	94.2
Respondent Absent	3.6	4.2	3.2
Respondent Refusal	0.4	0.4	0.4
Respondent no Longer Living in the Household	1.6	2.3	0.8
Other	1.1	0.8	1.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>No. of Eligible Women</b>	<b>2,171</b>	<b>1,065</b>	<b>1,106</b>
<b>Interviewed Eligible Women</b>	<b>2,025</b>	<b>983</b>	<b>1,042</b>

\*Includes Women Aged 15-24 with completed interviews, incomplete interviews, women who were absent or who refused to be interviewed

Interviews were conducted at the respondents' homes and generally lasted 30 to 50 minutes. In households with more than one eligible woman, all respondents in the 15-24 age group were interviewed. Almost all women selected to participate in the survey agreed to be interviewed and were very cooperative. Table 2 1A shows that in the 11,941 households selected in the females sample, 2,171 women aged 15-24 were identified and 2,025 were successfully interviewed, for a response rate of 93%. Only 0.4% of selected women refused to be interviewed, while another 5.2% could not be located. Response rates were slightly better in rural areas than in urban areas.

**TABLE 2 1B**  
**Results of Household Visits and Interview Status of Eligible Men By Residence**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Households</u>	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
Identified Eligible Men*	16.1	17.0	15.2
No Eligible Men	83.1	81.9	84.2
Unoccupied Household	0.4	0.6	0.3
Refusals	0.2	0.2	0.1
Resident Not At Home	0.2	0.3	0.2
 Total	 100.0	 100.0	 100.0
 No. of Households	 11,981	 5,962	 6,019
<u>Eligible Men</u>			
Completed Interviews	87.1	89.3	84.7
Respondent Absent	6.6	5.3	8.8
Respondent Refusal	1.4	1.9	1.0
Respondent no Longer Living in the Household	2.4	1.7	3.2
Other	2.4	1.8	3.1
Total	100.0	100.0	100.0
 No. of Eligible Men	 2,351	 1,204	 1,147
 Interviewed Eligible Men	 2,047	 1,075	 972

\*Includes men aged 15-24 with completed interviews, incomplete interviews, men who were absent or who refused to be interviewed.

Similarly, in the male sample, 2,351 15-24 year-old men were identified in 11,981 households. Complete interviews were obtained from 2,047 eligible males for a response rate of 87% (Table 2 1B). The response rate was somewhat higher in urban areas and lower in rural areas (89% vs 85%). If we exclude the 2.4% young men no longer living in the household (who were away at school or temporarily living abroad), the response rate would be 89%. Similarly for women, the response rate would increase to 95%.

**TABLE 2 2**  
**Percent Distribution of Young Adults by Sex and Age Group, by Area of Residence**  
**1992 Census Projected to 1996 and 1996 Young Adult Reproductive Health Survey (YARHS)**

<u>Age Group</u>	<u>1992 CENSUS Projections</u>			<u>1996 -YARHS</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<b>Females</b>						
15-19	51.3	53.2	48.9	61.2	62.8	59.6
20-24	48.7	46.8	51.1	38.8	37.2	40.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
<b>Males</b>						
15-19	51.4	54.0	48.3	64.6	65.7	63.4
20-24	48.6	46.0	51.7	35.4	34.3	36.6
Total	100.0	100.0	100.0	100.0	100.0	100.0

Compared to a cohort projection from the 1992 Census, the age composition of the 1996 YARHS sample reflects an over-representation of adolescents 15-19 years of age, in both the female and male samples (Comisia Nationala pentru Statistica, 1994). As shown in Table 2 2, the sample population is essentially ten percentage points higher for 15-19 year olds and lower in the 20-24 year old age group when compared to the census population. In both urban and rural areas there is a slightly higher over representation of men 15-19 years old, as high as 15 percentage points in rural areas. This is probably due to the greater difficulty in finding 20-24 year old women and men at home, since they are more likely to be at work or attending university level classes. It may also reflect greater mobility of these young adults, both within the country.

and outside of the country. The sample population by marital status is compared with the census in Table 2.3. Overall, there is an underrepresentation of currently married 20-24 year olds. This is probably due to two factors: (1) the sample age composition which is skewed toward younger ages includes fewer married individuals, and (2) married couples living alone, with both wife and husband at work or studying, are more difficult to locate for an interview.

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**TABLE 2.3**  
**Percent Distribution of Young Adults by Marital Status, by Sex and Age Group**  
**1992 Census Projected to 1996 and 1996 Young Adult Reproductive Health Survey (YARHS)**

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Age Group	1992 CENSUS Projections*			1996 -YARHS		
	Currently Married	Previously Married	Never Married	Currently Married	Previously Married	Never Married
<b><u>Females</u></b>						
<b>Total</b>	<b>36.2</b>	<b>1.1</b>	<b>62.7</b>	<b>26.2</b>	<b>1.9</b>	<b>71.9</b>
15-19	11.7	0.2	88.0	10.0	1.3	88.7
20-24	58.4	2.1	39.6	51.8	2.9	45.3
<b><u>Males</u></b>						
<b>Total</b>	<b>16.2</b>	<b>0.3</b>	<b>83.5</b>	<b>6.9</b>	<b>0.1</b>	<b>98.6</b>
15-19	1.9	0.0	98.1	1.3	0.1	98.6
20-24	29.9	0.5	69.7	17.8	1.2	81.0

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\* The marital status in the Census publication also includes 0.6 % of women with 'unknown marital status' who are not shown in this table.

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Since there is evidence that both samples have significant under representation of 20-24 years olds, especially married ones, all results have been weighted to account for differences in the response rates. Except for Tables 2.1A, 2.1B, 2.2, and 2.3, presented in this chapter, all tables in this report present weighted results. The unweighted number of cases, used for variance estimation, are also shown in each table. A detailed description of the methodology used to estimate the adjustment factors for the post-survey weighting of subclasses will be included in the final report.

## **CHAPTER III**

### **CHARACTERISTICS OF THE SAMPLE**

General characteristics of young adult females and males with completed interviews, by residence, are shown in Tables 3A and 3B, respectively. These tables report the weighted distribution of each characteristic, adjusted for the differential non-response rates discussed in the previous chapter.

The post-survey weighting of subclasses (in this case age group, marital status and residence) produce adjusted survey estimates that closely match independent estimates from the 1992 census or projections based on the 1992 census. The Romanian YARHS was designed to provide nationally representative estimates of young adult women and men with particular characteristics. The post-survey weighting enables us to make such estimates (the weighting procedures will be documented in an appendix to the Final report).

As can be seen in these tables, slightly over half of female and male young adults are adolescents 15-19 years of age, matching the projections based on the 1992 census that were shown in Chapter II. Thirty-six percent of women had completed high school or had gone onto post-secondary education and young women in urban areas are more likely to have completed high school than their counterparts in rural areas.

As may be expected, fertility is higher in rural areas where 30% of young women have had a live birth compared with 17% in urban areas. Associated with higher fertility is the fact that 40% in rural areas are currently married or in a consensual union compared with 29% in urban areas.

Most respondents are Orthodox (88%) and report their ethnic background as Romanian (90%). Results for these two background variables, which are family related rather than "age" related, are the same as the results obtained in the 1993 RRHS (88% and 90%, respectively). The percentage of respondents reporting their ethnicity to be Hungarian (5%) or Gypsy (3.5%) is also very similar to the 1993 sample. This replication in results gives us additional confidence in the YARHS sample design, as these two variables have not been shown to be related to non-response differentials.

Finally, a socioeconomic index was created for each respondent based on the amenities available in the household and whether the household contained at least 4 rooms. Equal values were assigned for possession of each of these amenities: flush toilet, central heating, vacuum cleaner, color television, automobile, VCR, telephone and vacation home. The score was divided into three levels for the socioeconomic index: low for respondents with 0-2 amenities, middle (3-5 amenities) and high (6-9 amenities). Only 12% were classified as having high socioeconomic status with the remainder approximately equally divided between low and middle.



**TABLE 3A**  
**General Characteristics of Young Adult Women with Completed Interviews by Residence**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

Characteristics	<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>
<b>Age Group</b>			
15-17	30.4	31.4	29.1
18-19	20.9	21.8	19.8
20-22	31.4	31.0	31.8
23-24	17.3	15.8	19.3
<b>Education Level</b>			
Primary	20.5	12.6	30.6
Some High School	43.5	43.2	44.0
Complete High School	25.1	29.2	19.7
Post High School/University	10.9	15.0	5.7
<b>Number of Living Children</b>			
0	77.0	82.5	69.9
1	17.5	14.3	21.6
2	5.5	3.2	8.5
<b>Marital Status</b>			
Married/Consensual Union	33.5	29.3	38.9
Not Married	66.5	70.7	61.1
<b>Church Affiliation</b>			
Orthodox	87.8	88.1	87.4
Other	11.2	11.3	11.1
None	1.0	0.7	1.5
<b>Ethnic Background</b>			
Romanian	90.0	91.1	87.7
Hungarian	5.0	4.8	5.2
Gypsy	3.5	2.2	5.2
Other	1.5	1.2	1.9
<b>Socio-Economic Status</b>			
Low	42.2	18.4	72.7
Middle	45.5	61.6	24.9
High	12.3	20.0	2.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>(2,025)</b>	<b>(983)</b>	<b>(1042)</b>

**TABLE 3B**  
**General Characteristics of Young Adult Men with Completed Interviews by Residence**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

Characteristics	Total	Residence	
		Urban	Rural
<b>Age Group</b>			
15-17	31.3	33.8	28.3
18-19	20.2	20.2	20.0
20-22	28.9	29.0	28.7
23-24	19.7	17.0	23.0
<b>Education Level</b>			
Primary	21.0	14.0	29.6
Some High School	51.5	50.8	52.3
Complete High School	18.2	22.2	13.3
Post High School/University	9.3	13.0	4.8
<b>Number of Living Children</b>			
0	93.3	93.8	92.6
1	5.7	5.2	6.4
2+	1.0	1.0	0.9
<b>Marital Status</b>			
Married/Consensual Union	14.4	13.9	14.9
Not Married	85.7	86.1	85.1
<b>Church Affiliation</b>			
Orthodox	89.2	90.1	88.0
Other	10.4	9.3	11.8
None	0.3	0.6	0.2
<b>Ethnic Background</b>			
Romanian	89.2	93.0	84.7
Hungarian	5.4	5.2	5.6
Gypsy	3.5	1.4	6.0
Other	1.9	0.4	3.7
<b>Socio-Economic Status</b>			
Low	38.7	16.2	66.2
Middle	45.8	58.6	30.2
High	15.5	25.2	3.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>(2,047)</b>	<b>(1,075)</b>	<b>(972)</b>

Results for the young men are similar (Table 3B). However, young women appear to be slightly better educated, both in urban and rural areas. A much lower percentage of men are married, only 14%, with virtually no urban-rural differential. Their later age of marriage is reflected in the lower proportion reporting living children compared to their female counterparts.

The distribution of church affiliation and ethnic background for males is essentially the same as that reported by the female sample. A slightly lower percentage of males are classified as lower socioeconomic, but the overall distribution is similar to the female sample.

## CHAPTER IV

### SEX EDUCATION

Over recent decades, concerns about teenage sexuality, pregnancy and sexual health have been mounting worldwide. Due to socio-economic and cultural changes, young people, especially adolescents, are sexually active at earlier ages than they have been in the past. They are more likely to have experienced premarital sexual intercourse, a greater number of sexual partners and a higher incidence of unintended pregnancy and sexually transmitted diseases (STDs). The negative consequences of adolescent sexual behaviors could also have disastrous long-term influences on their lives. The long-term effects include lower level of education, reduced range of employment opportunities, greater risk of fertility impairment and marital dissolution, and even shorter life expectancy since, in the last decade, AIDS has rapidly become a leading cause of death among men and women 25-44 years of age (Hein K , 1991)

Addressing unintended pregnancy and sexuality is a complex task. Prevention programs aiming to reduce the rate of adolescent pregnancy and STDs require a multifaceted approach. School-based sex education is one important component of a broader effort. A number of studies have demonstrated that quality sex education programs can delay the onset of sexual activity and increase the use of contraception (Kirby D et al , 1994, Dawson DA, 1986)

In many countries sex education in school is mandatory. It is often taught from the first to 12th grade as a component of the health and physical education curriculum and aims to increase knowledge about human sexuality, sexually transmitted diseases, AIDS prevention, contraception and abstinence.

Currently, in Romania, sex education is not included in the school curriculum. Under the previous regime, elements of reproductive biology were taught in high school in the biology and human anatomy classes and short lectures about venereal diseases were sometimes taught by visiting health professionals. Often, these extra-curriculum lectures were held separately for boys and girls. After 1990, with the continuous support of several international agencies, local nongovernmental agencies (NGO's) started to send volunteers to lecture in high schools about methods of birth control and sexually transmitted diseases. These lectures have to be approved by the local school boards and their content varies from one organization to another. Thus, sex education in some areas is sporadic or nonexistent and the quality and amount of information is variable.

It is essential for Romanian teens to have quality sex education curricula in their schools. They acquire sexual information and sometimes misinformation from a variety of sources, including family, peers, media, and recently, in alarming proportion, from pornographic movies.

and literature. A well designed compulsory sex education curriculum should be developed and implemented throughout the Romanian school system. It should cover, in addition to reproductive physiology and biology, information on STD's (including AIDS), methods of contraception, and psychological and social considerations of sex roles and sexual relationships. Only then would myths and misconceptions be corrected enhancing the likelihood that intimate relationship will be based on caring, affection and awareness of the other person's feelings.

One of the objectives of the YARHS was to examine whether young people in Romania favor sex education in schools and to explore their opinions about the best age to start sex education. In addition, the survey was designed to explore young adults' exposure to sex education in school and discussions about sex education topics at home. Information about exposure to sex education could provide useful correlates with age at first sexual intercourse and with contraceptive use at first intercourse among young adults.

#### **4.1 Opinions about Sex Education In School**

Both young women and men overwhelmingly supported sex education in school, regardless of their age, residence, education, and socio-economic status (Tables 4.1.1A and 4.1.1B). Over 93% felt that reproductive biology, birth control methods, and STDs topics should be part of the school curriculum. These beliefs were more common among young adults living in urban areas, with higher level of education (complete high-school or more), and with higher socio-economic status (middle or high).

Among the 6% of respondents who opposed sex education in school, more than half thought that sex education should be taught at home, and a third believed that sex education encourages the early onset of sexual activity. Among different subgroups, respondents' opposition to sex education in school never exceeded 15% for either females or males.

Young adults who agreed on the need for school-based sex education were also asked their opinion about the best grade level to start each topic of sex education. Tables 4.1.2A and 4.1.2B show that, overall, 44% of females and 39% of males wanted sex education classes in primary school (before age 15) and 12% of respondents supported these courses in 7th grade or earlier. In addition, 21% of young adults said that sex education should start in the 9th grade (age 15). Thus, two in three females and three in five males wanted sex education courses to start before the 10th grade (age 16). Residents of urban areas, young adults aged 20-24, and high-school graduates, were slightly more likely than others to say that sex education should be taught before the 10th grade and in elementary school.

Opinions of young adults on the best time to start specific sex education topics are shown in Figure 4.1. Among respondents who supported sex education in school, there was not much variation in opinions about when to start specific topics of sex education but women were slightly

**TABLE 4 1 1A**  
**Opinions of Young Adult Women on Teaching Sex Education in Schools**  
**By Sex Education Topic By Selected Characteristics of Women**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Characteristics</u>	<u>Think That Sex Education Should Be Taught in School</u>		<u>Sex Education Topics</u>		
	%	No of Cases	<u>How Pregnancies Occur</u> %	<u>Methods of Birth Control</u> %	<u>Sexually Transmitted Diseases</u> %
<b>Total</b>	<b>93 9</b>	<b>(2,025)</b>	<b>93 9</b>	<b>93 6</b>	<b>93 9</b>
<u><b>Residence</b></u>					
Urban	96 9	(983)	96 9	96 8	96 9
Rural	90 1	(1,042)	90 1	89 6	89 9
<u><b>Age Group</b></u>					
15-17	93 5	(738)	93 5	93 1	93 3
18-19	94 1	(501)	94 1	93 7	94 1
20-24	94 2	(786)	94 2	93 9	94 1
<u><b>Education Level</b></u>					
Primary	84 6	(460)	84 6	84 6	84 6
High School	95 2	(917)	95 2	94 8	95 0
HSD&PostHS	97 8	(648)	97 8	97 2	97 8
<u><b>Socioeconomic Status</b></u>					
Low	89 4	(917)	89 4	89 0	89 3
Middle	97 1	(876)	97 1	96 6	97 0
High	98 1	(232)	98 1	98 1	98 1

**TABLE 4 1 1B**  
**Opinions of Young Adult Men on Teaching Sex Education in Schools**  
**By Sex Education Topic By Selected Characteristics of Men**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Characteristics</u>	<u>Think That Sex Education Should Be Taught in School</u>		<u>Sex Education Topics</u>		
	<u>%</u>	<u>No of Cases</u>	<u>How Pregnancies Occur %</u>	<u>Methods of Birth Control %</u>	<u>Sexually Transmitted Diseases %</u>
<b>Total</b>	<b>94 1</b>	<b>(2,047)</b>	<b>94 1</b>	<b>93 7</b>	<b>93 8</b>
<b><u>Residence</u></b>					
Urban	96 9	(1,075)	96 9	96 6	96 6
Rural	90 7	(972)	90 7	90 3	90 4
<b><u>Age Group</u></b>					
15-17	92 5	(805)	92 4	92 2	92 3
18-19	95 9	(517)	95 9	95 5	95 7
20-24	94 4	(725)	94 4	94 0	94 0
<b><u>Education Level</u></b>					
Primary	85 5	(473)	85 5	85 3	85 2
High School	95 4	(1,065)	95 4	94 8	94 9
HSD&PostHS	98 3	(509)	98 3	98 3	98 3
<b><u>Socioeconomic Status</u></b>					
Low	90 4	(786)	90 3	90 1	90 1
Middle	96 2	(943)	96 2	95 6	95 7
High	97 4	(318)	97 4	97 4	97 4

TABLE 4 1 2A  
Opinions of Young Adult Women On the Best Age to Introduce Sex Education in Schools  
By Characteristics of Women  
Women Aged 15-24 Who Agreed with School-Based Sex Education  
Young Adult Reproductive Health Survey ROMANIA, 1996  
(Percent Distribution)

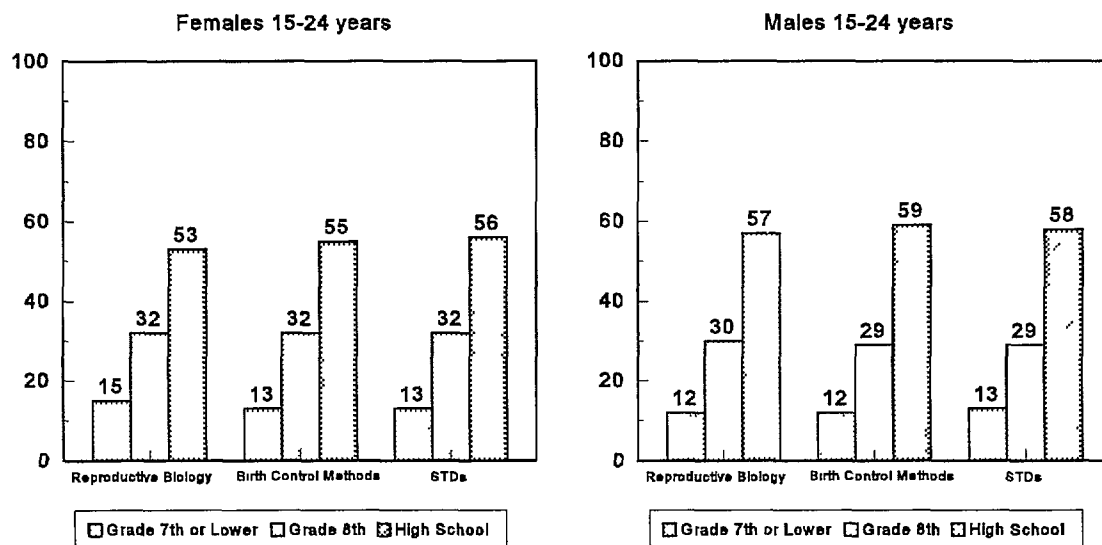
<u>Characteristics</u>	<u>What is the Best Age to Introduce Sex Education In School ?</u>						<u>No. of Cases</u>
	<u>Under 13</u>	<u>Age 13</u>	<u>Age 14</u>	<u>Age 15</u>	<u>Age 16+</u>	<u>Total</u>	
Total	5 7	6 9	31 8	21 2	34 4	100 0	1,892
<u>Residence</u>							
Urban	6 5	8 1	32 1	21 8	31 5	100 0	955
Rural	4 5	5 3	31 4	20 5	38 2	100 0	937
<u>Age Group</u>							
15-17	4 7	6 2	27 8	24 4	37 0	100 0	687
18-19	3 3	6 4	33 5	19 7	37 0	100 0	467
20-24	7 4	7 6	33 5	20 0	31 6	100 0	738
<u>Education Level</u>							
Primary	7 5	8 5	32 0	19 1	32 9	100 0	386
High School	4 9	5 7	29 2	23 1	37 1	100 0	872
HSD&PostHS	5 7	7 5	34 8	20 2	31 8	100 0	634
<u>Socio-Economic Status</u>							
Low	4 1	6 5	32 9	20 4	36 1	100 0	816
Middle	7 4	7 2	31 7	21 2	32 5	100 0	848
High	4 2	7 5	28 4	24 1	35 8	100 0	228



**TABLE 4 1 2B**  
**Opinions of Young Adult Men On the Best Age to Introduce Sex Education in Schools**  
**By Characteristics of Men**  
**Men Aged 15-24 Who Agreed with School-Based Sex Education**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<b>What is the Best Age to Introduce Sex Education In School ?</b>							
<b><u>Characteristics</u></b>	<b><u>Under 13</u></b>	<b><u>Age 13</u></b>	<b><u>Age 14</u></b>	<b><u>Age 15</u></b>	<b><u>Age 16+</u></b>	<b><u>Total</u></b>	<b><u>No. of Cases</u></b>
<b>Total</b>	<b>6 7</b>	<b>4 8</b>	<b>28 0</b>	<b>21 4</b>	<b>39 1</b>	<b>100 0</b>	<b>1,924</b>
<b><u>Residence</u></b>							
Urban	5 9	4 0	29 5	23 6	37 0	100 0	1,045
Rural	7 6	5 8	26 2	18 5	41 9	100 0	879
<b><u>Age Group</u></b>							
15-17	5 4	3 7	24 4	23 7	42 7	100 0	743
18-19	4 5	4 8	28 1	17 5	45 1	100 0	494
20-24	8 3	5 4	30 3	21 6	34 4	100 0	687
<b><u>Education Level</u></b>							
Primary	5 6	3 0	25 2	20 7	45 6	100 0	400
High School	6 8	5 4	25 3	21 9	40 6	100 0	1,024
HSD&PostHS	7 1	4 8	35 0	20 9	32 2	100 0	500
<b><u>Socio-Economic Status</u></b>							
Low	7 0	4 5	23 3	20 2	45 0	100 0	702
Middle	6 2	5 0	29 7	22 3	36 9	100 0	910
High	7 2	4 7	34 3	21 7	32 1	100 0	312

**FIGURE 4 1**  
**OPINIONS ABOUT THE BEST TIME TO START SEX EDUCATION IN SCHOOL**  
**BY SPECIFIC TOPIC AND GENDER**  
**YOUNG ADULTS AGED 15-24 YEARS - YARHS, 1996**



more likely to endorse earlier classes for each topic. Overall, the average grade level recommended by both women and men for starting sex education was 8-9th grade, regardless the topic.

#### 4.2 Discussions About Sex Education Topics with Parents

In order to examine the impact of sex education on sexual and contraceptive behaviors we explored young adults' exposure to sex education separately in school and at home. Respondents were asked if they had ever talked to their parents about the menstrual cycle, how pregnancy occurs, birth control methods, and STDs (including AIDS).

Figure 4.2 and Table 4.2.1 show the percentage of young adults who had received information from their parents about selected sex education topics by age group and gender. Overall, 80% of young women had talked about at least one sex education topic with their parents. The

proportion who discussed specific topics ranges from 78% for menstrual cycle to only 26% for methods of birth control. Only 28% of young women had discussed about STDs or AIDS with a parent. Conversely, young males were much less likely than young females to have conversations on sex related issues with a parent. Only one fourth of young men had parental discussions regarding at least one topic, ranging from 20% when the topic was STDs to 6% if the topic was the menstrual cycle. Talking to a parent about methods of birth control was far less prevalent among males (14%) compared to females (26%).

**FIGURE 4 2**  
**PREVALENCE OF SEX EDUCATION DISCUSSIONS WITH A PARENT**  
**BY SPECIFIC TOPIC AND GENDER**  
**YOUNG ADULTS AGED 15-24 YEARS - YARHS, 1996**

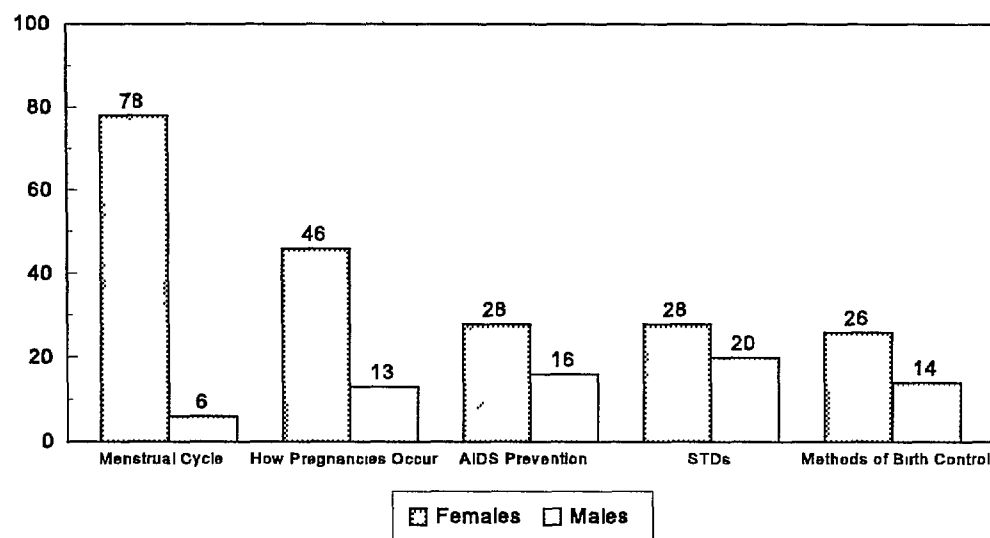


Table 4 2 1 also shows that teenage girls (15-17 and 18-19 years old) were slightly more likely to have had discussions at home about any sex-related issues than 20-24 year-olds (83% and 79%, respectively, vs 78%). However, a substantially higher proportion of female teens than of the 20-24 year olds reported having discussed with one of their parents about AIDS, other STDs and contraception. For example, talking to parents about AIDS and other STDs had increased by 50% and 30%, respectively, among the younger cohorts compared to the oldest cohort.

**TABLE 4 2 1**  
**Percentage of Young Adults Who Have Discussed Sex Education Topics with Their Parents**  
**By Specific Topic by Age Group and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Sex Education Topic</u>	<u>Women</u>				<u>Men</u>			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Topic at Home</u></b>	<b>79 6</b>	<b>82 6</b>	<b>78 8</b>	<b>78 0</b>	<b>25 5</b>	<b>27 1</b>	<b>28 1</b>	<b>23 3</b>
Menstrual Cycle	78 3	81 2	77 1	76 9	5 8	5 6	6 1	5 9
How Pregnancies Occur	46 3	46 8	48 2	45 2	12 6	11 9	13 6	12 6
AIDS Prevention	27 9	34 8	32 3	21 6	15 9	18 9	19 6	12 4
STDs	27 9	31 1	32 3	24 0	20 3	21 9	22 6	18 4
Methods of Birth Control	25 9	26 8	31 6	22 9	14 1	13 7	17 1	13 2

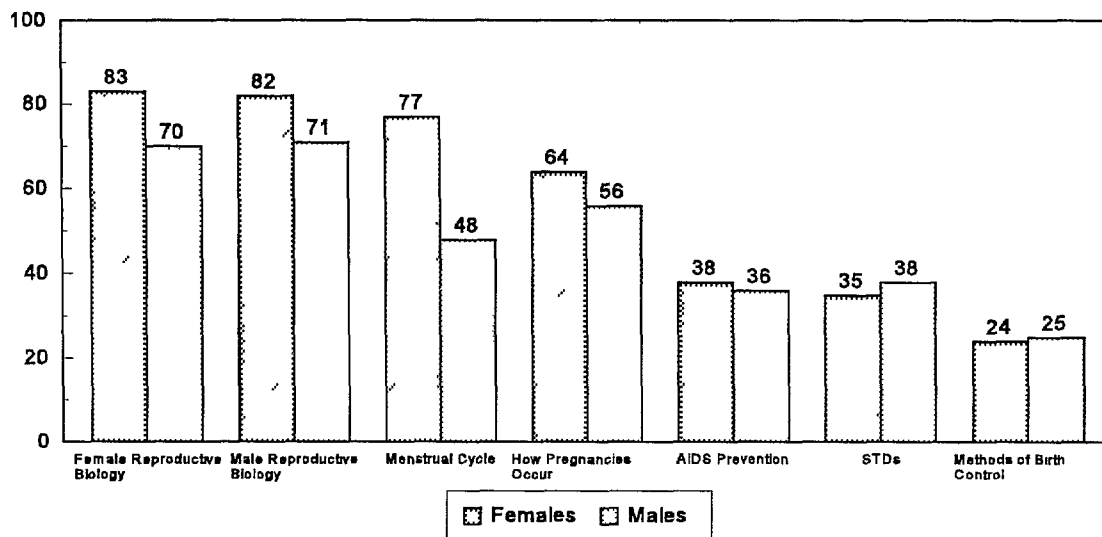
The increasing concern about the threat of AIDS epidemics in recent years is the most likely explanation for the higher prevalence of this topic in parent-child conversations. Meanwhile, the conversations about contraception rose modestly among 15-17 year-olds and more striking among 18-19 year-olds (39%)

The same trend, but more discreet, has occurred among young males. Male teens were slightly more likely to have discussed about a sex-education topic at home (27% and 28%, vs 23%) mostly because they talked more about AIDS and STDs.

These findings cannot be interpreted without taking into account the exposure to sex education in schools. Since younger respondents also reported more school-based education about STDs, AIDS, and methods of birth control (see Table 4 3), they may have been stimulated to ask their parents about these topics. In fact, respondents who reported classes on STDs, AIDS, and contraception were twice more likely to report parent-child conversations about these topics (not shown). The association between formal and parental sex-education may potentially indicate differences in the recall of those who did not have classes and who may not remember talking with

parents about sex issues, and those who remember they had formal instruction which may have triggered home conversations. Also, recall differences may explain in part why 20-24 years olds, who did not benefit from formal instruction on STDs, AIDS or contraception, were also less likely to report parental conversations on these topics. However, the change over time in reports of STDs, AIDS or contraception topics in both parental discussions and school based sex education are entirely consistent with the recent developments after 1990 when media have started to discuss these health issues more openly and several NGO's launched sex-education campaigns in schools or other formal settings.

**FIGURE 4 3 1**  
**PREVALENCE OF SEX EDUCATION IN SCHOOL**  
**BY SPECIFIC TOPIC AND GENDER**  
**YOUNG ADULTS AGED 15-24 YEARS - YARHS, 1996**



#### 4 3 Sex Education Instruction in School

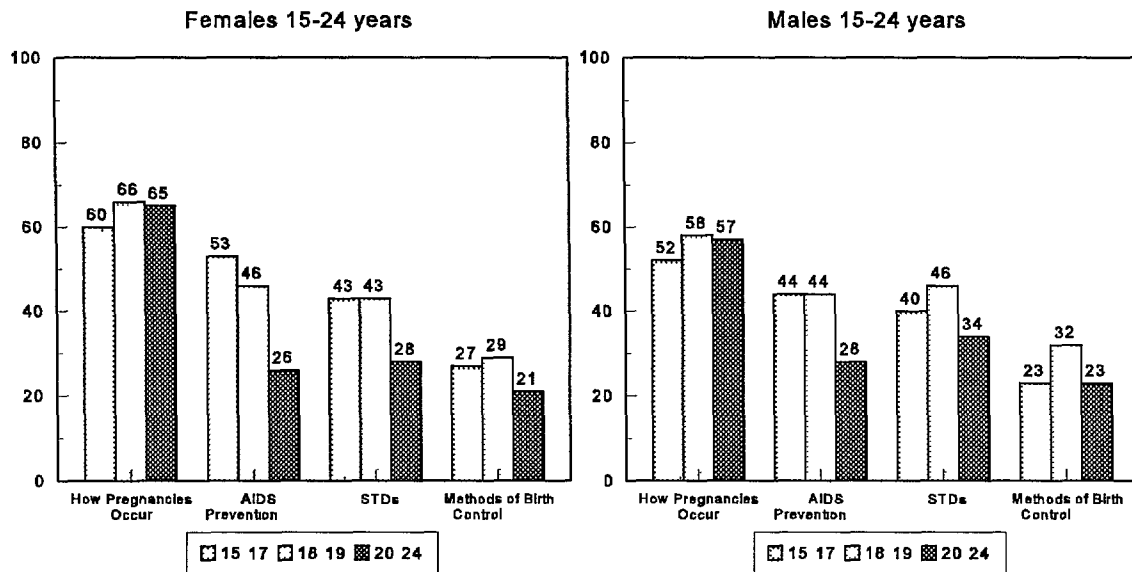
All young adults were asked whether they received formal instruction in school in reproductive biology, contraception, STDs, and AIDS prevention. Those who reported exposure to formal instruction were asked the grade at which they first took courses on each specific topic. These data will be included in the final report.

**TABLE 4 3**  
**Percentage of Young Adults Who Have Had Sex Education in School By Specific Topic**  
**By Age Group and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Sex Education Topic</u>	<u>Women</u>				<u>Men</u>			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Topic at School</u></b>	<b>88 4</b>	<b>87 5</b>	<b>86 9</b>	<b>89 6</b>	<b>77 2</b>	<b>77 9</b>	<b>77 6</b>	<b>76 7</b>
Female Reproductive Biology	82 7	79 7	82 5	84 7	69 5	68 3	67 9	70 0
Male Reproductive Biology	81 8	78 5	81 9	83 8	71 0	70 9	70 3	71 3
Menstrual Cycle	77 4	72 3	76 1	81 2	48 0	46 1	46 4	49 9
How Pregnancies Occur	63 6	59 7	66 1	65 0	55 6	51 5	58 0	57 2
AIDS Prevention	38 2	53 0	45 5	25 8	36 2	43 9	43 9	28 0
STDs	35 2	42 6	42 6	27 5	38 2	40 4	45 8	33 6
Methods of Birth Control	24 4	27 2	28 8	20 7	24 7	22 8	31 9	23 0

Table 4 3 and Figure 4 3 1 show the percentage of young adults who reported formal sex education on specific topics, by age and gender. Overall, most young women and men had at least one school-based course or class on sex education. About 88% of young women reported courses on one of the seven topics listed. However, women were more likely to have had courses on reproductive biology, menstrual cycle, and how pregnancy occurs (82%, 77%, and 64%, respectively) than courses on AIDS, other STDs, and contraceptive methods (38%, 35%, and 24%). Similarly, young men had more biology courses and less instruction about STDs and contraception.

**FIGURE 4 3 2**  
**PREVALENCE OF SEX EDUCATION IN SCHOOL BY SPECIFIC TOPIC**  
**BY AGE GROUP AND GENDER**  
**YOUNG ADULTS AGED 15-24 YEARS - YARHS, 1996**



Compared with respondents aged 20-24, adolescents reported higher levels of formal instruction on AIDS prevention and STDs (Table 4 3 and Figure 4 3 2) For example, AIDS prevention classes were reported by twice as many teens as 20-24 year-old women These findings demonstrate that formal instruction in these topics has improved recently, perhaps as a result of the voluntary work of local NGOs in high-schools

## **CHAPTER V**

### **KNOWLEDGE OF CONTRACEPTION AND FERTILITY**

During the previous regime, as a component of the pronatalist policy, family planning was officially banned in Romania and a systematic campaign to misinform the public about modern contraception was mounted at all levels, in schools, in the mass-media, and at work sites. The consequences of this policy resulted in fear and mistrust of modern methods, low prevalence of their use, and high reliance on traditional contraception, which persisted after the change of government and the introduction of a national family planning program.

The 1993 RRHS revealed high levels of awareness of several modern methods (condoms, oral contraceptives, and IUD), including knowledge about their availability. Most women knew at least one place where they could obtain a modern method but the gap between awareness of any method and its source was significant, reaching almost 30 percentage points for such commonly used methods as condoms and IUD. However, there was a great deal of variability in both awareness about FP methods and knowledge of a source of supplies. Among 15-24 year olds, the awareness of modern methods exceeded that of traditional methods (90% vs. 68%) and the awareness of youth specific methods (e.g., condom and the pill) was higher than among older women.

These data were the first nationally representative information about family planning awareness and constitute the baseline for the information-education-communication (IEC) efforts launched soon after as a component of the family planning program. Two major goals of the IEC activities are to heighten contraceptive knowledge and use among youth and promote reduction in risk-taking behaviors.

An important objective of the YARHS was to explore further the level of knowledge of family planning methods and their sources among young people in the aftermath of intensified IEC efforts. In both samples, respondents were asked, in reference to ten modern and traditional contraceptive methods, if they have ever heard about each, from whom, if they know how they are used, and if they know where they could be obtained.

#### **5.1 Knowledge of Family Planning Methods**

Tables 5.1.1A and 5.1.1B show that almost all young women (95%) and men (97%) have heard of at least one modern method and most of them have heard of a traditional method (74% and 75%, respectively). Knowledge of all methods increased with age, but especially for IUD, tubal ligation and traditional methods.



**TABLE 5 1 1A**  
**Percentage of Women Who Have Heard of Contraceptive Methods And Know How to Use Them**  
**By Specific Method By Age Group**  
**Women Aged 15-24 Years**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

Contraceptive Method	Have Heard of Specific Methods				Know How to Use Specific Methods*			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Modern Method</u></b>	<b><u>95 0</u></b>	<b><u>92 1</u></b>	<b><u>94 0</u></b>	<b><u>97 2</u></b>	<b><u>73 2</u></b>	<b><u>60 6</u></b>	<b><u>71 3</u></b>	<b><u>81 8</u></b>
Condom	93 0	90 4	92 8	94 6	67 4	56 4	66 3	74 8
Pills	82 3	72 5	82 3	88 4	35 1	20 1	34 9	44 5
IUD	69 1	44 7	69 2	84 3	35 7	15 5	30 5	50 6
Tubal Ligation	40 5	23 9	41 4	50 4	24 0	11 7	24 4	31 4
Spermicides	30 1	16 9	29 9	38 5	18 1	6 7	15 0	26 5
Vasectomy	20 3	10 9	24 2	24 6	11 5	5 6	12 6	14 7
Diaphragm	12 6	7 3	15 5	14 8	6 2	2 8	5 5	8 6
Injectables	12 2	9 2	10 6	14 9	6 7	4 8	4 4	9 0
Mean No. of Modern Methods	3 6	2 8	3 6	4 1	2 0	1 2	1 9	2 6
<b><u>Any Traditional Method</u></b>	<b><u>74 0</u></b>	<b><u>47 8</u></b>	<b><u>76 8</u></b>	<b><u>89 4</u></b>	<b><u>63 3</u></b>	<b><u>34 2</u></b>	<b><u>63 2</u></b>	<b><u>81 5</u></b>
Withdrawal	57 5	24 2	57 8	78 1	51 0	19 4	48 5	71 7
Calendar	64 4	40 3	67 7	78 0	45 5	23 8	46 7	58 5
<b><u>Mean No. of FP Methods</u></b>	<b><u>4 8</u></b>	<b><u>3 4</u></b>	<b><u>4 9</u></b>	<b><u>5 7</u></b>	<b><u>3 0</u></b>	<b><u>1 7</u></b>	<b><u>2 9</u></b>	<b><u>3 9</u></b>
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>738</b>	<b>501</b>	<b>786</b>	<b>2,025</b>	<b>738</b>	<b>501</b>	<b>786</b>

\* Includes respondents who said they know how the method is used or how it works in the case of long term methods, those who have never heard of a specific method were assumed not to know how that method is used

Generally, with the exception of male-controlled methods (e g , condom, withdrawal), awareness of family planning methods was higher among women than among men. For all young adults, the most widely known method was the condom, recognized by 93% of women and 97% of men. It was followed by the pill, known by 82% of women and 66% of men, IUD, (69% and 39%, respectively), and female sterilization (41% and 24%, respectively).

**TABLE 5 1 1B**  
**Percentage of Men Who Have Heard of Contraceptive Methods And Know How to Use Them**  
**By Specific Method By Age Group**  
**Men Aged 15-24 Years**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

Contraceptive Method	Have Heard of Specific Methods				Know How to Use Specific Methods			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Modern Method</u></b>	<b><u>97 3</u></b>	<b><u>95 6</u></b>	<b><u>97 3</u></b>	<b><u>98 4</u></b>	<b><u>91 8</u></b>	<b><u>85 4</u></b>	<b><u>92 1</u></b>	<b><u>95 8</u></b>
Condom	96 9	94 7	97 3	98 2	91 5	84 4	92 1	95 8
Pills	66 3	51 8	65 8	75 8	34 1	19 8	32 4	44 0
IUD	39 1	21 9	37 7	50 8	24 2	9 6	22 6	34 2
Tubal Ligation	23 7	13 0	23 5	30 7	13 5	5 7	12 9	18 8
Vasectomy	20 2	12 0	20 1	25 5	11 4	5 4	12 8	14 6
Spermicides	15 4	8 4	17 6	19 0	9 6	4 4	9 7	13 0
Injectables	11 2	6 7	10 6	14 2	5 9	2 8	6 0	7 9
Diaphragm	8 9	5 0	9 8	11 0	4 5	1 7	5 0	6 0
Mean No of Modern Methods	2 8	2 1	2 8	3 2	1 9	1 3	1 9	2 3
<b><u>Any Traditional Method</u></b>	<b><u>74 8</u></b>	<b><u>52 1</u></b>	<b><u>78 5</u></b>	<b><u>88 2</u></b>	<b><u>70 0</u></b>	<b><u>42 3</u></b>	<b><u>73 8</u></b>	<b><u>86 2</u></b>
Withdrawal	65 2	44 2	74 0	83 1	66 0	38 4	71 3	84 6
Calendar	45 8	26 8	47 4	65 8	38 6	15 0	37 1	54 4
<b>Mean No of FP Methods</b>	<b>4 0</b>	<b>2 8</b>	<b>4 0</b>	<b>4 7</b>	<b>3 0</b>	<b>1 9</b>	<b>3 0</b>	<b>3 7</b>
<b>Unweighted No of Cases</b>	<b>2,047</b>	<b>805</b>	<b>517</b>	<b>725</b>	<b>2,047</b>	<b>805</b>	<b>517</b>	<b>725</b>

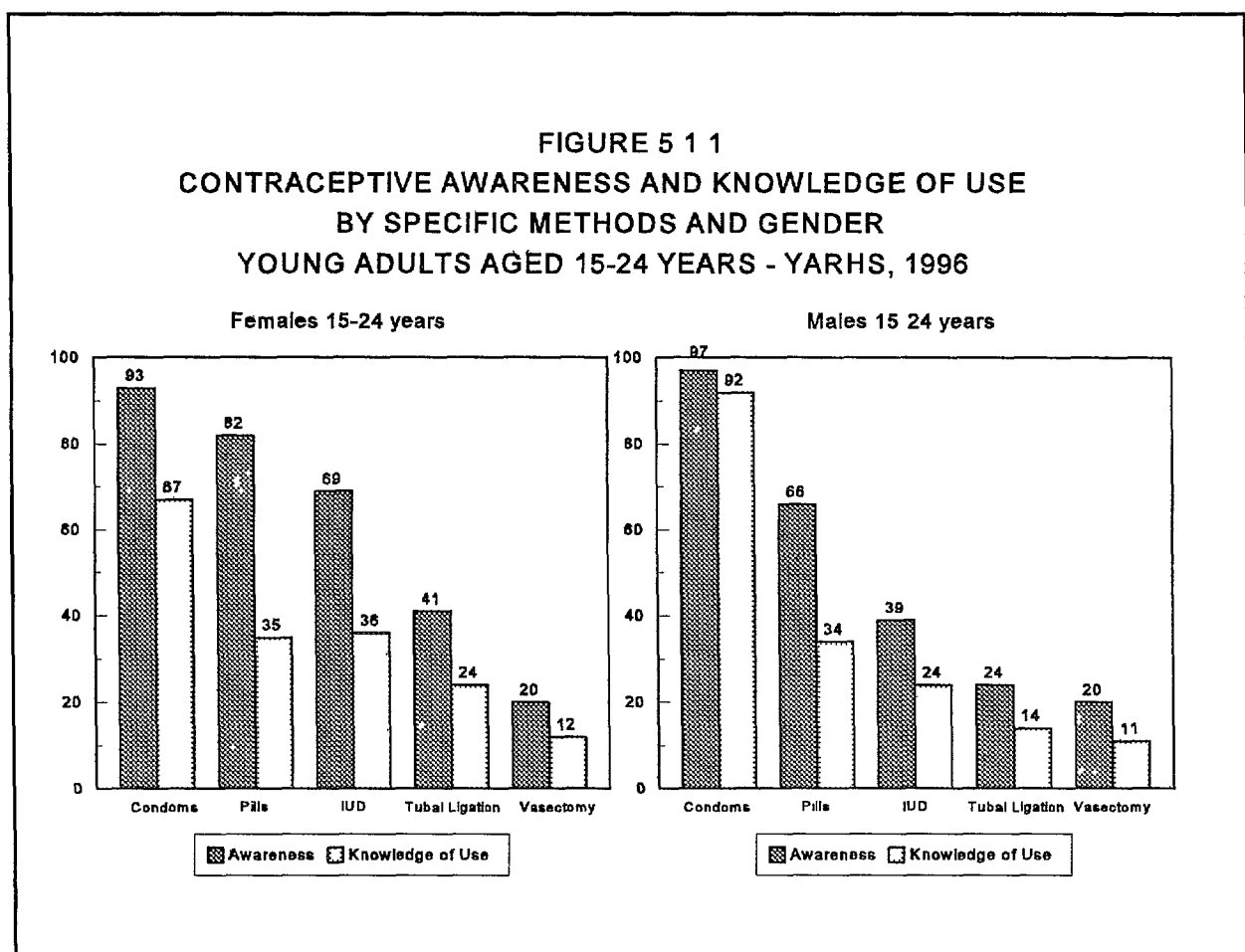
\* Includes respondents who said they know how the method is used or how it works in the case of long term methods, those who have never heard of a specific method were assumed not to know how that method is used

Consistent with 1993 survey findings, the least known modern methods were those that are very seldom used in Romania (diaphragm, injectables, and vasectomy) The average number of family planning methods recognized was 4 8 methods for women (including 3 6 modern methods) and 4 0 methods for men (including 2 8 modern methods) The number of

methods known was directly correlated with respondents' ages, ranging from 3.4 to 5.7 among women and 1.7 to 3.9 among men. Compared to the 1993 survey, the awareness of contraception among young women increased moderately from 90% to 95% for modern methods and from 68% to 74% for traditional methods.

Very often the awareness of contraceptive methods is used interchangeably with knowledge of methods. A major criticism of this practice is that it may overstate the level of contraceptive knowledge without exploring the extent of the information possessed by those who can identify contraceptive methods. The set of questions asked in the RRHS to explore family planning awareness, was supplemented in YARHS with an additional question about knowledge of how each method or procedure is used.

As seen in Tables 5.1.1A and 5.1.1B and Figure 5.1, the knowledge of use among women was significantly lower than awareness (73% vs. 95%) but only slightly lower among men (91% vs. 97%) whose claim of knowledge about condom use was almost universal.



**TABLE 5 1 2**  
**Percentage of Young Adults Who Know How Contraceptive Methods Are Used**  
**By Specific Method By School Based Contraceptive Education (CE)**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

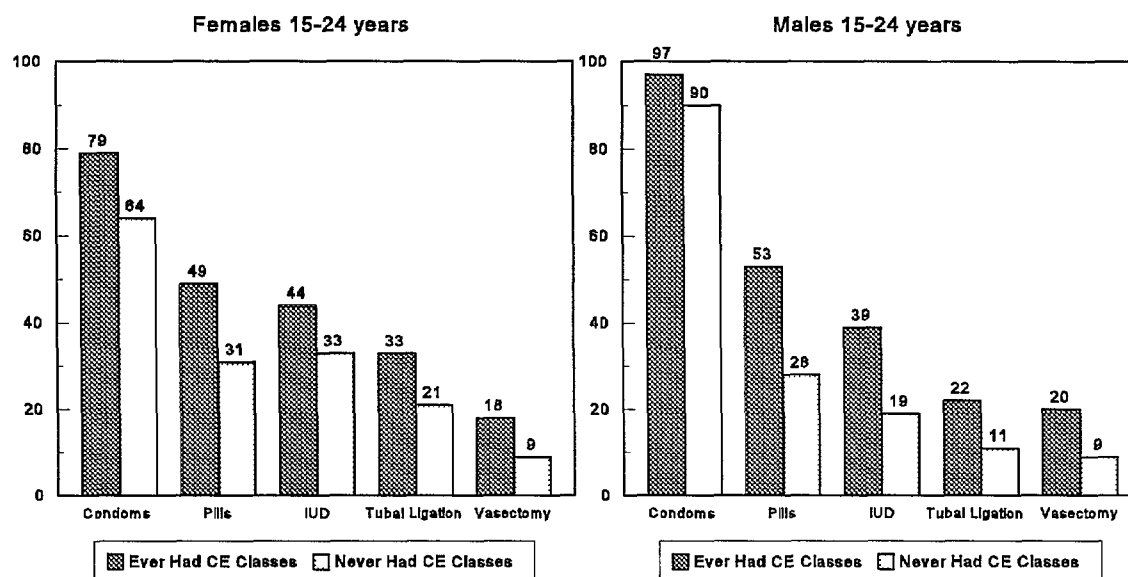
Contraceptive Method	Women			Men		
	<u>Total</u>	<u>Never Had</u> <u>CE</u>	<u>Ever Had</u> <u>CE</u>	<u>Total</u>	<u>Never Had</u> <u>CE</u>	<u>Ever Had</u> <u>CE</u>
<b><u>Any Modern Methods</u></b>	<b><u>73 2</u></b>	<b><u>69 1</u></b>	<b><u>85 8</u></b>	<b><u>91 8</u></b>	<b><u>89 9</u></b>	<b><u>97 7</u></b>
Condom	67 4	63 6	79 3	91 5	89 7	97 0
Pills	35 1	30 7	48 5	34 1	28 0	52 6
IUD	35 7	33 1	43 6	24 2	19 4	38 6
Tubal Ligation	24 0	21 0	33 1	13 5	10 7	22 1
Spermicides	18 1	15 7	25 6	11 4	7 1	17 4
Vasectomy	11 5	9 4	17 9	9 6	8 6	19 9
Injectables	6 7	4 5	13 3	5 9	4 4	10 6
Diaphragm	6 2	4 5	11 1	4 5	2 9	9 3
Mean No. of Modern Methods	2 0	1 8	2 7	1 9	1 7	2 7
<b><u>Any Modern Methods</u></b>	<b><u>63 3</u></b>	<b><u>61 9</u></b>	<b><u>67 5</u></b>	<b><u>70 0</u></b>	<b><u>66 2</u></b>	<b><u>81 4</u></b>
Withdrawal	51 0	51 6	48 8	66 0	62 6	76 3
Calendar	45 5	41 3	58 5	38 6	33 9	52 8
Mean No. of FP Methods	3 0	2 7	3 8	3 0	2 7	4 0
Unweighted No. of Cases	2,025	1,521	504	2,047	1,529	518

With the exception of condom and withdrawal, the knowledge of how to use specific methods was higher for women than for men. However, for both groups, the knowledge of method use dropped to less than a half of its awareness for several methods (IUD, the pill, vasectomy,

diaphragm, and injectables) and was positively correlated with respondents' ages. Using the more stringent definition of contraceptive knowledge, the average number of known modern methods dropped to only two methods in each group.

Young women and men whose school based sex education included lectures about contraceptive methods were much more likely to know how to use birth control methods (Table 5.1.2 and Figure 5.1.2). Overall, the knowledge of how to use at least one method was 25% higher among women who had had such courses than among those who had not. The largest differences (about two to one ratio) were for less commonly used methods: vasectomy, diaphragm, and injectables. Among men, knowledge of use improved greatly with sex education for most methods, even for those most commonly in use (e.g., IUD and the pill). Knowledge about withdrawal was not affected by sex education among women but improved among men. Young adults who had had contraceptive courses in school knew, on average, one modern method more than those who had not received such education.

**FIGURE 5.1.2**  
**KNOWLEDGE OF USE OF SELECTED METHODS**  
**BY EXPOSURE TO CONTRACEPTIVE EDUCATION (CE) CLASSES AND GENDER**  
**YOUNG ADULTS AGED 15-24 YEARS - YARHS, 1996**



## 5 2 Knowledge of Source of Contraception

Another indicator commonly used in evaluating IEC efforts is the knowledge of source(s) of contraception. The YARHS found that 87% of young women and 91% of men could name at least one source for contraception (Table 5 2 1). Knowledge about contraceptive source among young women had increased 10 percentage points compared to three years ago (from 77% in 1993).

**TABLE 5 2 1**  
**Percentage of Young Adults Who Know Where to Get Contraceptives**  
**By Specific Method By Age Group and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

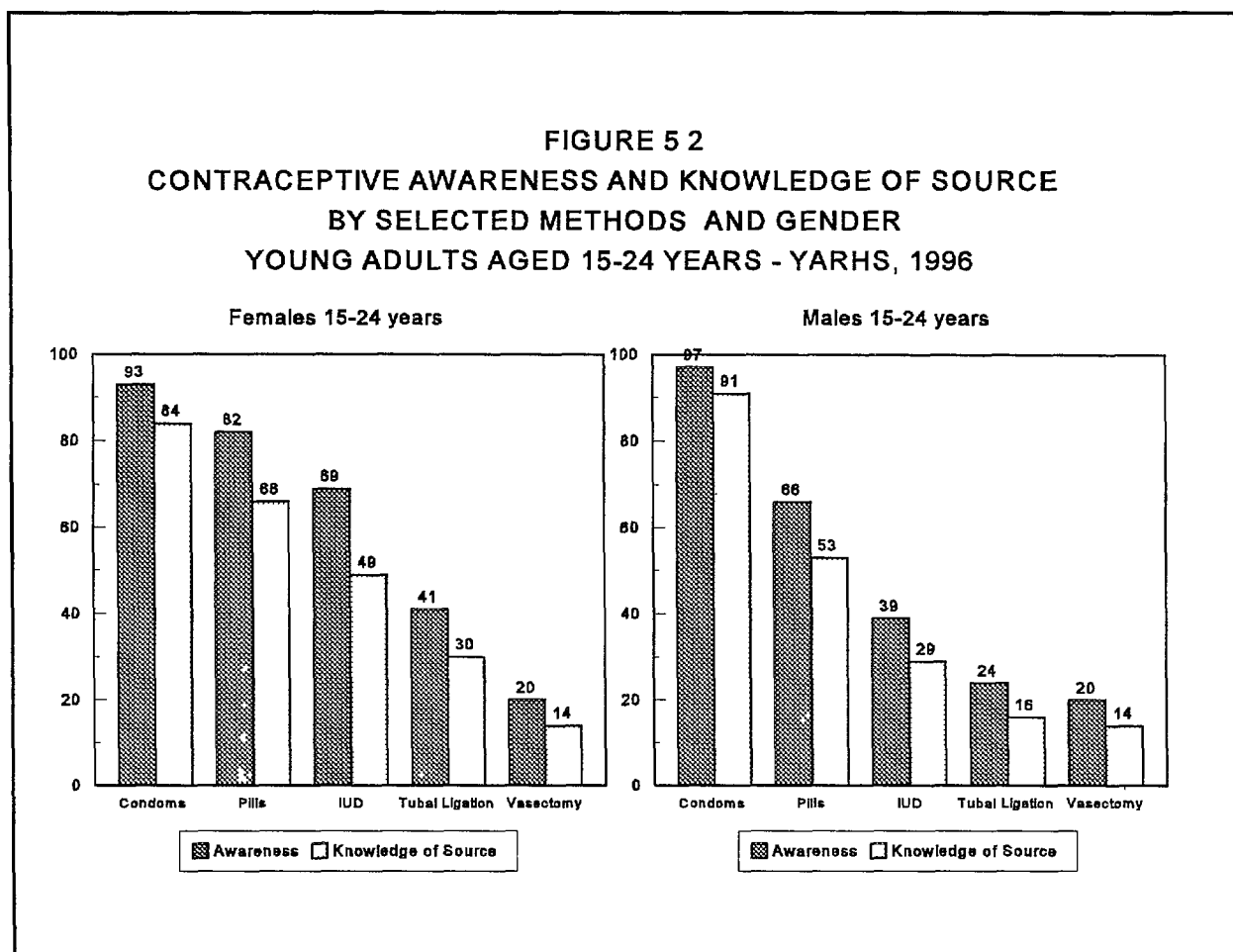
Contraceptive Method	Women				Men			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Modern Methods</u></b>	<b>86 7</b>	<b>80 2</b>	<b>86 6</b>	<b>90 7</b>	<b>91 2</b>	<b>85 4</b>	<b>91 4</b>	<b>94 8</b>
Condom	83 5	76 4	84 0	87 8	90 5	84 4	91 0	94 3
Pills	66 0	52 0	68 2	73 7	53 3	36 9	55 1	63 0
IUD	49 4	25 3	46 4	65 6	28 8	12 4	28 1	39 6
Tubal Ligation	30 3	15 9	30 3	39 4	15 9	6 9	14 6	22 2
Spermicides	24 5	11 7	22 9	33 1	12 0	5 7	14 3	15 1
Vasectomy	13 5	6 4	16 2	16 9	14 0	7 4	13 2	18 5
Injectables	7 4	4 9	4 9	10 0	7 6	3 7	7 6	10 1
Diaphragm	7 2	2 9	7 7	9 6	4 9	1 7	6 0	6 6
<b>Mean No. of FP Methods</b>	<b>2 8</b>	<b>2 0</b>	<b>2 8</b>	<b>3 4</b>	<b>2 3</b>	<b>1 6</b>	<b>2 3</b>	<b>2 7</b>
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>738</b>	<b>501</b>	<b>786</b>	<b>2,047</b>	<b>805</b>	<b>517</b>	<b>725</b>

Young people were more likely to know a source for methods commonly used by young adults (e.g., condoms and pills) than for less commonly used methods. For instance, 84% of women and 91% of men knew where to obtain condoms and 66% women and 53% men knew a

source for pills, but very few knew where to get injectables or diaphragms. Only 30% of the women and 16% of the men were able to correctly identify where a tubal ligation can be performed. On average, young adults could identify sources for 2-3 modern methods, condoms' usually being one of them.

Knowledge of source was positively correlated with age for both women and men for every contraceptive method (Table 5.2.1). However, compared to the 1993 survey, knowledge of source among female adolescents had improved more rapidly than among 20-24 year olds (13 and 5 percentage points increase, respectively).

Among young adults, knowledge of contraceptive source was not significantly influenced by marital status. With the exception of the IUD, knowledge of source for each method was very similar among ever married and never married respondents.



**TABLE 5 2 2**  
**Percentage of Young Adults Who Know Where to Get Contraceptives**  
**By Specific Method By Marital Status and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

Contraceptive Method	Women			Men		
	<u>Total</u>	<u>Ever</u>	<u>Never</u>	<u>Total</u>	<u>Ever</u>	<u>Never</u>
		<u>Married</u>	<u>Married</u>		<u>Married</u>	<u>Married</u>
<u>Any Modern Methods</u>	86 7	86 6	86 7	91 2	94 7	90 5
Condom	83 5	82 1	84 3	90 5	94 2	89 8
Pills	66 0	66 1	65 9	53 3	58 1	52 3
IUD	49 4	61 8	42 4	28 8	49 0	25 0
Tubal Ligation	30 3	33 5	28 6	15 9	20 0	15 1
Spermicides	24 5	29 2	21 9	12 0	13 6	11 7
Vasectomy	13 5	11 5	14 7	14 0	12 1	14 3
Injectables	7 4	7 9	7 1	7 6	13 5	6 5
Diaphragm	7 2	6 6	7 5	4 9	5 5	4 8
Mean No. of FP Methods	2 8	3 0	2 7	2 3	2 7	2 2
Unweighted No. of Cases	2,025	570	1,455	2,047	156	1,891

Not all young adults know where they can obtain the modern methods they have heard about (Figure 5 2) and the gap between knowledge of any modern method and knowledge of their sources is not significantly influenced by gender (ten percentage points for women and seven percentage points for men), however, for men and women, the gap varies greatly by specific methods, especially for the more widely known methods. For example, the knowledge of source is just slightly below condom awareness (nine percentage points among women and 6 percentage points among men) but is lower for pills (16 percentage points and 13 percentage points respectively) and for IUD (20 percentage points among women and 10 percentage points among men).



### 5 3 First Source of Information About Contraception

The 1993 RRHS found that among women 15-44 years of age the main source of information about birth control methods was a friend or acquaintance (45%), followed by mass-media (19%), and health care providers (10%) Young women, 15-24 years of age, reported the same first sources as older women Almost 40% of young women found out about contraception in discussions with a friend or acquaintance, 24% from mass-media or books, and 9% from a health care provider (Serbanescu F and Morris L , 1996) Only 7% of the young women surveyed said that they had first heard about contraception from their mothers

**TABLE 5 3A**  
**First Source of Information About Contraception By Specific Method**  
**Women 15-24 Years of Age Who Have Heard About Specific Methods of Contraception**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

First Source of Information About Contraception	Contraceptive Method						
	Total	Condom	Pills	IUD	Tubal Ligation	Calendar	Withdrawal
Friend	27 2	39 4	27 6	25 5	15 6	30 7	25 3
Colleague	12 7	20 6	13 9	11 2	9 7	11 2	8 8
Health Provider/Pharmacist	11 8	3 8	13 1	20 9	23 6	5 4	2 3
TV or Radio	9 7	13 5	12 4	8 0	10 2	1 9	0 5
Mother	9 5	5 0	9 9	8 9	10 9	21 5	7 9
Father or Other Relative	8 7	5 2	10 1	10 5	10 9	12 5	7 2
Partner	6 4	4 2	0 4	0 6	0 3	2 1	40 5
Brochures/Newspapers/Magazines	4 2	2 2	4 4	4 1	4 1	4 4	2 4
School	3 6	2 5	3 5	3 0	4 0	4 7	1 0
Books	2 9	0 6	1 4	2 0	6 5	3 2	1 7
User	1 9	1 2	2 0	4 3	2 3	1 1	1 2
Other	1 6	2 0	1 5	1 0	2 0	1 6	1 6
Total	100 0	100 0	100 0	100 0	100 0	100 0	100 0

These findings explained in part the poor quality of contraceptive information, often acquired through rumors, and argued for heightening the public health efforts in educating youth through official channels (school, mass-media, health providers) about the benefits of contraception and the availability of family planning products and services

As shown in Table 5 3A, the first source of information for young women continue to be a friend (27%) or a colleague (13%), followed by media (17%) and health providers (12%) Ten percent have first heard about contraception from their mothers and 6% from their partners Only 4 % cited the school courses as the first source of contraceptive information It is worth noting that, compared to the previous survey, there has been a slight increase in the contribution of the health providers (from 9% to 12%) and of the young women's mothers (from 7% to 10%) in spreading contraceptive information Mass media continue to play a limited role in contraceptive educational efforts, even though one in six young women mentioned it as the first source of information

**TABLE 5 3B**  
**First Source of Information About Contraception By Specific Method**  
**Men 15-24 Years of Age Who Have Heard About Specific Methods of Contraception**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

First Source of Information About Contraception	Contraceptive Method						
	Total	Condom	Pills	IUD	<u>Tubal</u> Ligation	Calendar	Withdrawal
Friend	50 0	71 4	46 5	36 5	21 9	40 9	66 4
TV or Radio	11 9	8 6	15 8	15 6	29 2	3 2	1 5
Partner	7 7	0 4	6 9	9 7	3 2	33 4	4 0
Brochures/Newspapers/Magazines	7 0	2 0	7 1	10 8	17 7	3 8	2 1
Colleague	5 5	7 1	5 6	5 8	4 8	4 2	4 1
Father or Other Relative	3 2	3 5	3 5	4 1	3 0	2 9	3 5
School	2 5	1 4	3 8	3 8	4 5	3 2	0 5
Health Provider/Pharmacist	2 4	1 1	2 5	5 0	5 7	0 7	0 6
Somebody Who Use It	1 6	0 4	0 8	0 9	0 8	0 4	6 2
Mother	1 5	0 7	1 9	2 8	2 2	2 9	0 4
Books	1 5	0 3	1 0	2 1	4 0	1 8	0 9
Alone	1 2	0 0	0 0	0 0	0 0	0 1	6 7
Other	3 7	3 2	4 5	3 0	3 2	2 4	3 1
Total	100 0	100 0	100 0	100 0	100 0	100 0	100 0

There is little variation in the first source of information for specific modern methods. However, more women mentioned that they heard about the calendar from their mothers (22%) and about withdrawal from their partners (41%)

Likewise, more than half of young men first heard about a contraceptive method from a friend or acquaintance (Table 5 3B). Other major sources were the mass-media (21%) and their partners (8%). Discussions with parents were sporadic--3% said they found out about contraception by talking with their fathers and 2% with their mothers--and health providers were only seldom mentioned (2%). Interestingly, men were much more likely to mention mass-media as the first source of information for modern methods: tubal ligation (51%), IUD (29%), and the pill (24%). One third found out about the calendar method from their partners and two thirds first heard about withdrawal from a friend.

#### **5 4 Knowledge of the Menstrual Cycle**

Information regarding sexuality and family planning was seriously lacking in 1993, particularly among younger respondents. Only almost half of women of reproductive age knew that a woman is most likely to become pregnant midway into her menstrual cycle. Only 27% of 15-19 year olds and 52% of 20-24 year olds had correct information on basic concepts of fertility.

The 1996 YARHS found that the quality of sexual education continues to be inadequate (Table 5 4 1). Slightly over one third of 15-24 year old women knew that a woman is most likely to become pregnant halfway between two menstrual periods. Even fewer young men had this knowledge (32%). Adolescents continue to have more limited knowledge about menstrual cycle than the 20-24 year olds. Knowledge increased significantly with education. Respondents with some high school education were twice (three times for young men) as likely to have correct knowledge about the menstrual cycle as respondents with primary education. Knowledge among high school graduates and university students topped at 60% among women and 55% among men. Essentially, in the time between the two surveys, there was no significant change in the level of knowledge about menstrual cycle among young women.

Women's knowledge of the menstrual cycle is a common indicator for evaluating the level of sexual education. Although Romania does not have a cohesive sex education program, basic concepts of female reproductive biology are taught in high school as a part of the biology curriculum. Table 5 4 2 shows that students who had received courses in female reproductive biology were almost twice as likely to place the time of maximum fecundability during the menstrual cycle correctly as students who had not. However, a sizable proportion of women (41%) and men (37%) who attended such courses did not know even how to respond to the question about the most probable time for a woman to become pregnant.

**TABLE 5 4 1**  
**Time When Young Adults Think It Is The Most Likely During Menstrual Cycle**  
**For a Woman to Become Pregnant**  
**By Age Group And Education and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

	<u>Total</u>	<u>Age Group</u>		<u>Education</u>		
<u>Women</u>		<u>15-19</u>	<u>20-24</u>	<u>Primary School</u>	<u>High School Incomplete</u>	<u>High School Graduate+</u>
Halfway Between Two Periods	36 2	26 6	46 4	12 4	27 6	60 3
The Week Before Menstruation, During Menstruation or The Week After	11 1	1 0	11 3	8 9	11 9	11 5
Anytime	8 3	8 5	8 0	7 7	10 3	6 1
Do Not Know	44 4	54 0	34 3	71 1	50 2	22 1
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>2,025</b>	<b>1,238</b>	<b>786</b>	<b>460</b>	<b>917</b>	<b>648</b>
 <u>Men</u>						
Halfway Between Two Periods	31 7	21 4	42 7	9 4	28 2	55 2
The Week Before Menstruation, During Menstruation or The Week After	16 2	13 9	18 7	11 0	16 1	20 4
Anytime	7 4	9 7	5 1	7 7	9 1	4 1
Do Not Know	44 6	55 1	33 5	71 9	46 5	20 3
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>2,047</b>	<b>1,322</b>	<b>725</b>	<b>473</b>	<b>1,065</b>	<b>509</b>

Young adults who had discussions with a parent about menstrual cycle had better knowledge about this issue than those who did not. These discussions effectively increased knowledge by 25% among women and 50% among men. Thus, both formal instruction and dialogues with the parents about the menstrual cycle could be effective means of disseminating basic concepts of fertility. However, exposure to this topic does not guarantee correct

information, since more than a third of young adults who acknowledged education on menstrual cycle either in school or at home still had no basic concepts of fertility

**TABLE 5 4 2**  
**Time When Young Adults Think It Is The Most Likely During Menstrual Cycle**  
**For a Woman to Become Pregnant**  
**By Parental Discussions and Sex Education (SE) in School on that Topic**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Women</u>	<u>Total</u>	<u>Parental Discussions</u>		<u>SE In School</u>	
		Never Had	Ever Had	Never Had	Ever Had
Halfway Between Two Periods	36 2	30 3	37 9	22 7	40 2
The Week Before Menstruation, During Menstruation, or The Week After	11 1	10 3	1 4	1 8	11 0
Anytime	8 3	7 5	8 5	9 8	7 8
Do Not Know	44 4	51 9	42 3	55 7	41 1
<b>Total</b>	<b>100 0</b>	100 0	100 0	100 0	100 0
<b>Unweighted No of Cases</b>	<b>2,025</b>	<b>446</b>	<b>1,579</b>	<b>477</b>	<b>1,548</b>
<u>Men</u>		<u>Never Had Ever Had</u>		<u>Never Had Ever Had</u>	
Halfway Between Two Periods	31 7	30 8	46 7	22 9	41 3
The Week Before Menstruation, During Menstruation, or The Week After	16 2	15 7	5 0	5 5	17 0
Anytime	7 4	7 6	4 4	8 8	6 0
Do Not Know	44 6	45 9	23 8	52 9	35 7
<b>Total</b>	<b>100 0</b>	100 0	100 0	100 0	100 0
<b>Unweighted No of Cases</b>	<b>2,047</b>	<b>1,930</b>	<b>117</b>	<b>1,084</b>	<b>963</b>

## CHAPTER VI

### SEXUAL ACTIVITY AND MARRIAGE

Adolescent sexual activity, childbearing and high abortion rates are of growing concern in Romania. Recent trends raise fundamental concerns about the health and education of teenage mothers, the health and social development of children born to these young women, the well-being of teenage men exposed to sexually transmitted diseases or who quit school to support young families, and society's losses and obligations incurred by adolescents and their children who are not able to become fully productive and independent citizens.

Finding appropriate responses to these problems has been made more complex by the recent social changes. Increasingly, people live in urban areas and are better educated and informed about lifestyle options, but attitudes toward sex, motherhood and attendant public policy are still influenced by the mores formed by yesterday's traditional society. In traditional, predominantly rural societies, it is the norm for women to marry and start their childbearing at young ages. Consequently, young wives and mothers in these settings generally have the economic and social support of their families and communities. However, traditional norms are weakening, the forces of modernization-urbanization, rising educational attainment, more exposure to the mass media, and changes in the status of women have altered every aspect of life, including the age patterns of the sexual activity, marriage, and motherhood.

The 1993 RRHS found that young women, compared to older cohorts, were more likely to have experienced premarital sexual intercourse, had a longer interval between first intercourse and first marriage, were older at their first birth, and were less likely to use contraception. Their longer exposure to premarital sex and their desire to postpone childbearing, in the absence and/or low acceptance of effective contraceptive methods, have led to more time spent at risk of unintended pregnancy and STDs. As a result, pregnancy rates to young women, most of them mistimed or unwanted, increased considerably. So did legally induced abortion. In the years immediately following abortion legalization, abortion rates among 15-24 years old increased 2-3 times. Young women accounted for 27% of the total abortion rate during 1990-1993. Increased use of abortion has also had an escalating effect on the pregnancy rate because an abortion hastens a woman's return to the risk of conception (Serbanescu et al, 1995).

These findings may underestimate the true extent of social and behavioral changes that have occurred recently among young adults, since sex before marriage and nonmarital pregnancies are routinely underreported in countries like Romania where strong traditions view premarital sex as morally wrong and condemn childbearing out of wedlock. However, some overreporting is also possible, especially among young men, unlike females, young men benefit

from social sexual permissiveness and may tend to exaggerate their sexual experience, feeling that they are expected to have had sex

## 6 1 Sexual Experience

The YARHS questionnaire included a series of questions regarding the age at which young adults became sexually active, relationship to their first and last sex partner, lifetime and current (within the last three months) number of sex partners, coital frequency, contraceptive use at first intercourse, and communication with their partners concerning contraception. Information about contraception use are presented in Chapter VII. Not a single respondent, man or woman, refused to answer questions on sexual experience.

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**TABLE 6 1 1A**  
**Reported Sexual Experience of Young Adult Women 15-24 Years of Age**  
**By Marital Status At Time of First Sexual Experience By Current Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

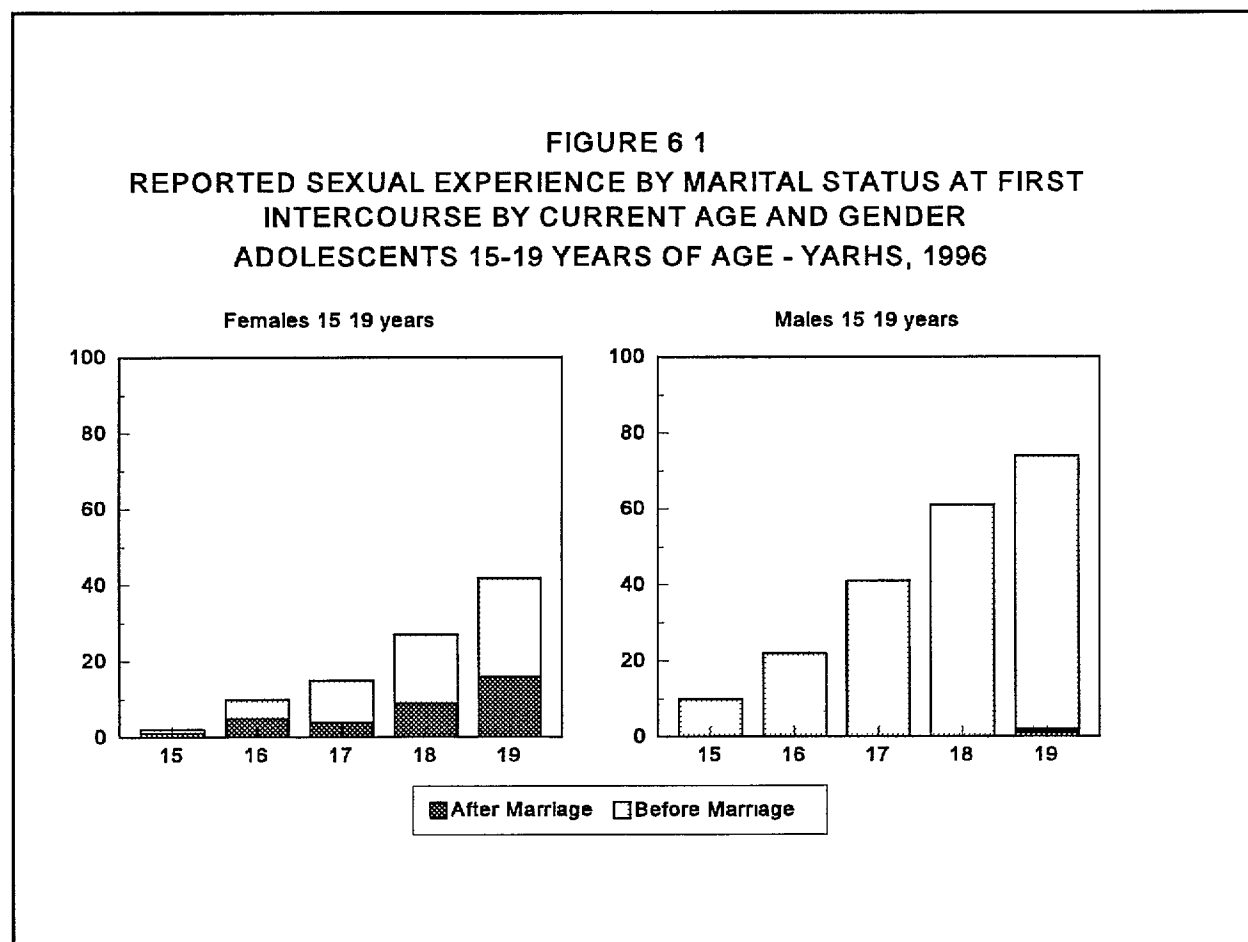
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<u>Current Age (years)</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>No Sexual Experience</u>	<u>After Marriage</u>	<u>Before Marriage</u>		
<b>Total (15-24)</b>	<b>53 7</b>	<b>21 4</b>	<b>24 9</b>	<b>100 0</b>	<b>2,025</b>
<b>15</b>	98 0	1 2	0 8	100 0	242
<b>16</b>	90 2	4 5	5 3	100 0	254
<b>17</b>	84 6	4 4	11 0	100 0	242
<b>18</b>	72 3	9 3	18 4	100 0	235
<b>19</b>	56 2	16 3	27 5	100 0	266
<b>20-22</b>	31 6	32 4	36 1	100 0	511
<b>23-24</b>	16 7	43 0	40 3	100 0	275

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As shown in Tables 6 1 1A and 6 1 1B, more than half of 15-24 year-old women and two-thirds of 15-24 year-old men have ever had sexual intercourse. While the likelihood of having had intercourse increases steadily with age, sex among very young teenagers, especially females, is uncommon. Only 9% of 15-17 year old women and 24% of 15-17 year old men have ever had sex. In fact, even later in the teenage years (18-19), only one in three girls is sexually experienced. This contrasts with two out of three 18-19 year old boys who have had sex. Overall, almost 80% of teenage girls and 59% of teenage boys were virgins (see also Tables 6 1 2A and 6 1 2B). Conversely, sex is very common among 20-24 year-olds. Two out of three 20-22 year-old women, five out of six 23-24 year-old women, and virtually all 20-24 year-old men were sexually experienced.

Young adults in Romania now tend to marry later than they did previously. In 1996, only 7% of teenagers and 52% of 20-24 year-old women have ever been in a formal marriage (data not shown). Three decades ago, three times more teenagers (22%) and 50% more 20-24 year olds (76%) have ever been married (Demographic Yearbook, 1976). Although sexual abstinence before marriage is still common in Romania, an increasing proportion of young women will have intercourse before marriage (Figure 6 1).





**TABLE 6 1 1B**  
**Reported Sexual Experience of Young Adult Men 15-24 Years of Age**  
**By Marital Status At Time Of First Sexual Experience By Current Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Current Age (years)</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No of Cases</u>
	<u>No Sexual Experience</u>	<u>Marital Experience</u>	<u>Premarital Experience</u>		
<b>Total (15-24)</b>	<b>33 6</b>	<b>0 8</b>	<b>65 6</b>	<b>100 0</b>	<b>2,047</b>
<b>15</b>	89 6	0 4	10 0	100 0	275
<b>16</b>	78 1	0 0	21 9	100 0	265
<b>17</b>	58 7	0 0	41 3	100 0	265
<b>18</b>	38 6	0 0	61 4	100 0	247
<b>19</b>	26 6	0 5	72 9	100 0	270
<b>20-22</b>	7 9	1 1	91 0	100 0	453
<b>23-24</b>	5 7	1 8	92 4	100 0	272

Overall, slightly more than half (29%) of the 46 percent of women reporting sexual experience had premarital sexual intercourse (Table 6 1 1A). This contrasts sharply with the pattern of sexual activity among men, who virtually never wait to have the first intercourse with their brides (Table 6 1 1A). Among sexually experienced youth, adolescents are more likely to report premarital sex. Sixty-four percent of women and 100% of men who reported sexual experience as teenagers, were not married when they first had sex.

The overall levels of sexual experience of young adults were not significantly different in urban and in rural areas for either 15-19 or 20-24 year-olds (Tables 6 1 2A and 6 1 2B). However, the levels of premarital intercourse appears to be much higher among young women in urban areas than in rural areas. Two-thirds of the young sexual experienced women in urban areas reported they had not been married at the time of first intercourse and the proportion rises

to 80% if first sex occurs during the teenage years. By comparison, in rural areas, only slightly more than one-third of young women and 43% of teenagers reported sex outside marriage.

Several factors could have contributed to regional differences in premarital sex. First, women in rural areas are more likely to marry in their teenage years, 17% of rural teenagers and 66% of 20-24 year olds have ever been married but in urban areas only 8% of 15-19 year-old women and 57% of 20-24 year-olds have done so (not shown). Secondly, rural young women

**TABLE 6.1.2A**  
**Reported Sexual Experience of Young Adult Women 15-24 Years of Age**  
**By Marital Status at Time of First Sexual Experience**  
**By Residence and Current Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Current Age &amp; Residence</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>No Sexual Experience</u>	<u>After Marriage</u>	<u>Before Marriage</u>		
<u>All Women</u>					
15-19	79.8	7.3	12.9	100.0	1,239
20-24	26.3	36.1	37.6	100.0	786
<b>Total</b>	<b>53.8</b>	<b>21.3</b>	<b>24.9</b>	<b>100.0</b>	<b>2,025</b>
<u>Urban</u>					
15-19	80.6	3.8	15.5	100.0	617
20-24	25.7	28.4	45.9	100.0	366
<b>Total</b>	<b>54.9</b>	<b>15.4</b>	<b>29.7</b>	<b>100.0</b>	<b>983</b>
<u>Rural</u>					
15-19	78.7	12.2	9.2	100.0	622
20-24	27.0	45.2	27.8	100.0	420
<b>Total</b>	<b>52.3</b>	<b>29.0</b>	<b>18.7</b>	<b>100.0</b>	<b>1,042</b>

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**TABLE 6 1 2B**  
**Reported Sexual Experience of Young Adult Men 15-24 Years of Age**  
**By Marital Status at Time of First Sexual Experience**  
**By Residence and Current Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

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<u>Current Age &amp; Residence</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>No Sexual Experience</u>	<u>After Marriage</u>	<u>Before Marriage</u>		
<u>All Men</u>					
15-19	58.7	0.2	41.1	100.0	1,322
20-24	7.0	1.4	91.6	100.0	725
<b>Total</b>	<b>33.6</b>	<b>0.8</b>	<b>65.6</b>	<b>100.0</b>	<b>2,047</b>
<u>Urban</u>					
15-19	57.6	0.2	42.2	100.0	706
20-24	5.5	0.7	93.8	100.0	369
<b>Total</b>	<b>33.6</b>	<b>0.4</b>	<b>66.0</b>	<b>100.0</b>	<b>1,075</b>
<u>Rural</u>					
15-19	60.0	0.3	39.7	100.0	616
20-24	8.7	2.2	89.1	100.0	356
<b>Total</b>	<b>33.5</b>	<b>1.2</b>	<b>65.3</b>	<b>100.0</b>	<b>972</b>

are more likely to grow up in families with strong traditional values. Stronger family ties, parental control of dating, strict mothers' upbringing, and a higher emphasis on virginity at first marriage are more common in rural areas. Thirdly, young women in rural areas are more likely to be influenced by community and religious restraints than those who grow up in urban areas. Lastly, young women in rural areas are less well educated and less capable of controlling

their reproductive lives than urban women, young urban women are almost twice as likely as rural women to have completed 12 or more years of education

On average, there were no significant regional differences in males' sexual experience, in part because, regardless of residence, men begin having sex younger and marry later than females, and thus the first sexual experience is almost always premarital

**TABLE 6 1 2A**  
**Reported Sexual Experience of Young Adult Women 15-24 Years of Age**  
**By Marital Status at Time of First Sexual Experience**  
**By Education and Current Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Current Age &amp; Education</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>No Sexual Experience</u>	<u>After Marriage</u>	<u>Before Marriage</u>		
<u>All Women</u>					
15-17	91 0	3 3	5 7	100 0	738
18-19	63 7	13 0	23 3	100 0	501
20-24	26 3	36 1	37 6	100 0	786
<b>Total</b>	<b>53 8</b>	<b>21 3</b>	<b>24 9</b>	<b>100 0</b>	<b>2,025</b>
 <u>Primary Education</u>					
15-17	84 4	11 4	4 2	100 0	219
18-19	35 8	36 8	27 4	100 0	121
20-24	12 8	65 6	21 6	100 0	120
<b>Total</b>	<b>48 3</b>	<b>36 2</b>	<b>15 5</b>	<b>100 0</b>	<b>460</b>
 <u>Some High School</u>					
15-17	93 4	0 1	6 5	100 0	503
18-19	71 6	10 1	18 2	100 0	168
20-24	16 0	42 8	41 2	100 0	246
<b>Total</b>	<b>62 2</b>	<b>17 0</b>	<b>20 8</b>	<b>100 0</b>	<b>917</b>
 <u>High School Complete or More</u>					
15-17	*	*	*	100 0	16
18-19	73 3	3 3	23 3	100 0	228
20-24	36 2	23 9	39 9	100 0	420
<b>Total</b>	<b>46 6</b>	<b>18 2</b>	<b>35 2</b>	<b>100 0</b>	<b>648</b>
*/ Less than 25 women in that category					

TABLE 6 1 3B  
 Reported Sexual Experience of Young Adult Men 15-24 Years of Age  
 By Marital Status at Time of First Sexual Experience  
 And by Education and Current Age  
 Young Adult Reproductive Health Survey ROMANIA, 1996

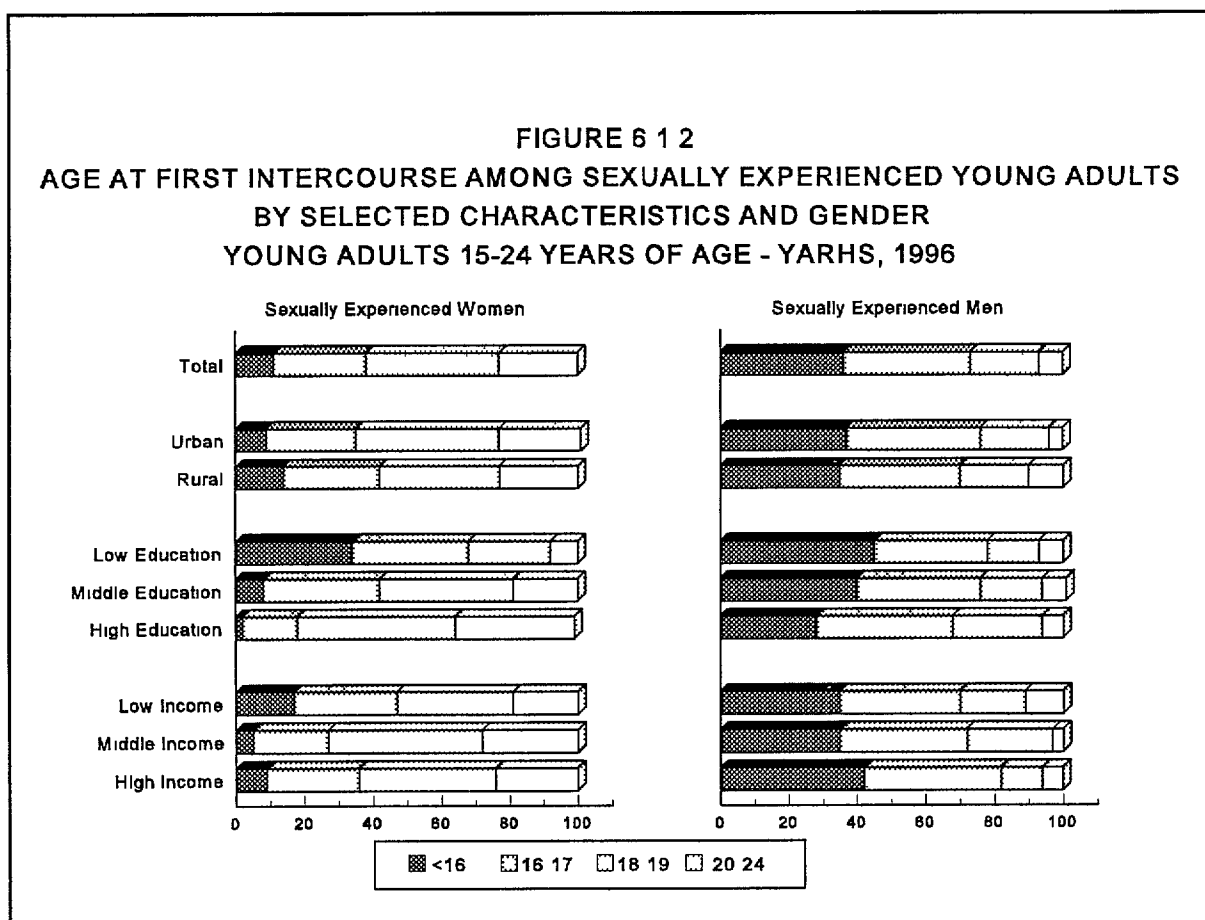
<u>Current Age &amp; Education</u>	<u>Reported Sexual Experience</u>			<u>Total</u>	<u>Unweighted No of Cases</u>
	<u>No Sexual Experience</u>	<u>After Marriage</u>	<u>Before Marriage</u>		
<u>All Men</u>					
15-17	75 6	0 2	24 2	100 0	805
18-19	32 3	0 3	67 4	100 0	517
20-24	7 0	1 4	91 6	100 0	725
Total	33 6	0 8	65 6	100 0	2,047
<u>Primary Education</u>					
15-17	82 8	0 5	16 7	100 0	273
18-19	40 6	0 0	59 4	100 0	114
20-24	12 6	3 4	84 0	100 0	86
Total	52 8	1 3	45 9	100 0	473
<u>Some High School</u>					
15-17	73 0	0 0	27 0	100 0	516
18-19	34 0	0 6	65 4	100 0	225
20-24	6 1	0 6	93 3	100 0	324
Total	37 2	0 4	62 4	100 0	1,065
<u>High School Complete or More</u>					
15-17	*	*	*	100 0	16
18-19	25 3	0 0	74 7	100 0	178
20-24	6 2	1 6	92 2	100 0	315
Total	12 0	1 1	86 9	100 0	509

\*/ Less than 25 men in that category

Young adults' sexual experience by marital status at the time of first sexual experience is shown by education in Tables 6 1 3A and 6 1 3B. The influence of education should be interpreted with caution because many young adults are still in school. For this reason, we look at education differentials within narrower age subgroups.

Among different age subgroups, education is a strong predictor of delayed sexual activity among young women but not among young men. This effect is most visible among 20-24 year-olds, who have completed their teenage years and are more likely to have achieved a secondary education. Women aged 20-24 with twelve or more years of education were much more likely not to have had sex (36%) than women with some high school education (16%) and their peers with only primary education (13%). Similarly, for 18-19 year-old girls, the higher the level of education they had, the more likely they were to be virgins. However, premarital sexual experience follows a different pattern. It is most prevalent among women with complete high school or higher levels of education (two thirds of sexually experienced women had premarital sex) and least frequent among women with primary education (only 30% of sexually experienced had sex before marriage).

By contrast, education is directly correlated with sexual experience among men, sexual experience was most common among men with the highest levels of education, regardless the age. Since most sexual activity among young men takes place outside marriage, there is no significant gradient of premarital intercourse by education. Differentials in age at first intercourse among different subgroups of sexually experienced young adults is best illustrated in Figure 6.1.2 and Tables 6.1.4A and 6.1.4B.



**TABLE 6 1 4A**  
**Age At First Sexual Experience by Selected Characteristics**  
**Among Women Aged 15-24 Reporting Sexual Experience**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Characteristics</u>	<u>Age At First Intercourse</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>&lt;16</u>	<u>16-17</u>	<u>18-19</u>	<u>20-24</u>		
<b>Total</b>	<b>11 4</b>	<b>26 6</b>	<b>38 9</b>	<b>23 1</b>	<b>100 0</b>	<b>788</b>
<b><u>Residence</u></b>						
Urban	8 9	25 5	41 9	23 7	100 0	337
Rural	14 4	28 0	35 1	22 5	100 0	451
<b><u>Marital Status at First Intercourse</u></b>						
Married	12 1	22 3	41 6	24 0	100 0	363
Not Married	10 7	30 4	36 5	22 4	100 0	425
<b><u>Education Level</u></b>						
Primary School	33 7	33 8	24 2	8 3	100 0	212
High School Incomplete	7 6	34 1	39 5	18 8	100 0	276
High School Complete or More	2 3	16 3	46 4	35 0	100 0	300
<b><u>Socio-Economic Status</u></b>						
Low	17 4	30 4	33 5	18 6	100 0	407
Middle	5 3	22 1	44 6	28 0	100 0	297
High	8 5	27 5	40 1	23 9	100 0	84

Among young women who reported sexual activity, the onset of intercourse is rather late (see Table 6 1 4A). Overall, only one-third reported sexual intercourse before age 18 and only 11% before age 16. Rural women were slightly more likely to have had early intercourse, but they also marry earlier than their urban peers. Young women who were not married at the time

**TABLE 6 1 4B**  
**Age At First Sexual Experience by Selected Characteristics**  
**Among Men Aged 15-24 Reporting Sexual Experience**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

<u>Characteristics</u>	<u>Age At First Intercourse</u>				<u>Unweighted</u>	
	<u>&lt;16</u>	<u>16-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>No. of Cases</u>
<b>Total</b>	<b>36 1</b>	<b>36 8</b>	<b>20 4</b>	<b>6 7</b>	<b>100 0</b>	<b>1208</b>
<b><u>Residence</u></b>						
Urban	37 1	38 6	20 4	3 9	100 0	641
Rural	34 9	34 6	20 4	10 1	100 0	567
<b><u>Education Level</u></b>						
Primary School	44 6	33 0	15 3	7 2	100 0	185
High School Incomplete	39 7	35 7	17 8	6 8	100 0	588
High School Complete or More	27 8	39 9	26 0	6 3	100 0	433
<b><u>Socio-Economic Status</u></b>						
Low	34 6	34 9	19 0	11 5	100 0	417
Middle	35 1	37 2	24 5	3 2	100 0	577
High	42 3	39 9	12 2	5 6	100 0	214

of first intercourse were more likely to have had intercourse before age 18 (41%) than women whose first intercourse was marital (34%). Age at first intercourse is inversely correlated to educational attainment. More than two-thirds of women with low levels of education initiated sexual activity before age 18 and 33% before age 16. Conversely, less than 20% of women with 12 or more years of education had had intercourse before age 18. These findings have important implications for sex education efforts, which routinely target high-school students. If all young women have to be taught about using contraception before they have intercourse, sex education programs need to begin in elementary school. The patterns of first intercourse differ also by socio-economic status. Young women of low socio-economic status were more likely to be sexually experienced (data not shown) and much more likely to have had sex by age 18 (48%)



compared to women with middle or high status (27% and 36%, respectively) However, the socio-economic differences are likely to reflect, in part, differences in education, as less well educated women are more likely to be poor

Early age at first intercourse is much more common among men than women (Table 6.1.4B) One in three men reporting sexual experience had had intercourse before age 16, nearly three in four before age 18, and almost all had had intercourse before turning age 20 Age at first intercourse is not influenced by place of residence, but varied inversely with the educational attainment Although fewer men with only primary education were sexually experienced, those who reported ever having had intercourse were more likely to have sex before age 18 (78%) compared to their more numerous sexually experienced peers with 12 or more years of schooling (67%)

Premature timing of first intercourse among males is influenced significantly by the respondents' socio-economic status Fewer men with low socio-economic status reported having had sex by age 18 compared to men with high status (70% vs 82%) A possible explanation for this pattern is that men coming from affluent families, or who live alone and can support themselves, have more economical resources and less stringent family restrictions, live mostly in urban areas where they are exposed to more opportunities for casual sex, and feel more in control of their sexual choices than men with low socioeconomic status It is also possible, of course, that this pattern does not reflect a real difference in behavior, but merely a difference in the perceptions of what these men believe is social acceptable or desirable to share with an interviewer

## **6.2 Current Sexual Activity**

Information about current sexual activity is crucial in estimating the proportions of women who are at risk of having an unintended pregnancy and therefore in need of contraceptive services It also has major implications in the selection of a contraceptive method which best suits the reproductive behavior and fertility preferences of each individual Detailed information on the proportion of young adults using family planning and their contraceptive choices are shown in Chapter VII

Overall, 46% of the women and 66% of the men aged 15-24 reported that they had had sexual intercourse (Figure 6.2 and Tables 6.2) Only 41% of all young women and 53% of young men, had had intercourse within the last three months However, if we exclude the virgins, 89% of the sexually experienced females and 80% of males had had intercourse during the 3 months preceding the survey (i.e., currently sexually active)

**TABLE 6 2**  
**Sexual Activity Status Among Young Adults**  
**By Marital Status and Gender**  
**Young Adults Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution )**

<u>Sexual Activity Status</u>	<u>Total</u>	<u>Marital Status</u>		<u>Age Group</u>	
		<u>Married/ In Union</u>	<u>Previously &amp; Never Married</u>	<u>15-19</u>	<u>20-24</u>
<u>Females</u>					
Never Had Intercourse	53 8	0 0	80 8	79 8	26 3
Ever Had Intercourse	<u>46.2</u>	<u>100.0</u>	<u>19.2</u>	<u>20.2</u>	<u>73.7</u>
• Within the Last Month	37 5	89 7	11 3	15 3	60 9
• 1-3 Months Ago	3 5	3 7	3 5	2 3	4 8
• Over 3 Month Ago but Within Last Year	3 3	3 9	3 0	1 6	5 2
• One Year or Longer	1 2	0 8	1 4	0 7	1 7
• One Month or Longer-Unknown Interval	0 7	1 9	0 1	0 3	1 1
Total	100 0	100 0	100 0	100 0	100 0
Unweighted No of Cases	2,025	531	1,494	1,239	786
<u>Males</u>					
Never Had Had Intercourse	33 6	0 0	39 2	58 7	7 0
Ever Had Had Intercourse	<u>66.4</u>	<u>100.0</u>	<u>60.8</u>	<u>40.3</u>	<u>93.0</u>
• Within the Last Month	36 6	93 2	27 1	15 4	59 1
• 1-3 Months Ago	16 5	4 6	18 4	12 4	20 7
• Over 3 Month Ago but Within Last Year	10 0	1 7	11 4	10 8	9 1
• One Year or Longer	2 8	0 0	3 3	2 4	3 3
• One Month or Longer-Unknown Interval	0 6	0 5	0 6	0 3	0 8
Total	100 0	100 0	100 0	100 0	100 0
Unweighted No of Cases	2,047	146	1,901	1,322	725

Although more males reported ever having had sexual intercourse (66%) and more reported having had intercourse during the three months before the interview (53%), the rate of current sexual activity among sexually experienced males (that is, if we exclude the 33% who never had sex) is in fact lower than that among females (80% vs 89%). The chief contributor to this difference in current sexual activity is the disparity in marital status among males and females. Women were more likely to be married than men and married women are more likely to have current sexual relationships. If we exclude married women, who have much higher rates of current sexual activity than those not currently in union (93% vs 77%), the current sexual activity among noncohabitating young females and males is similar (77% and 75%)

**FIGURE 6 2**  
**REPORTED SEXUAL ACTIVITY STATUS BY GENDER**  
**YOUNG ADULTS 15-24 YEARS OF AGE - YARHS, 1996**

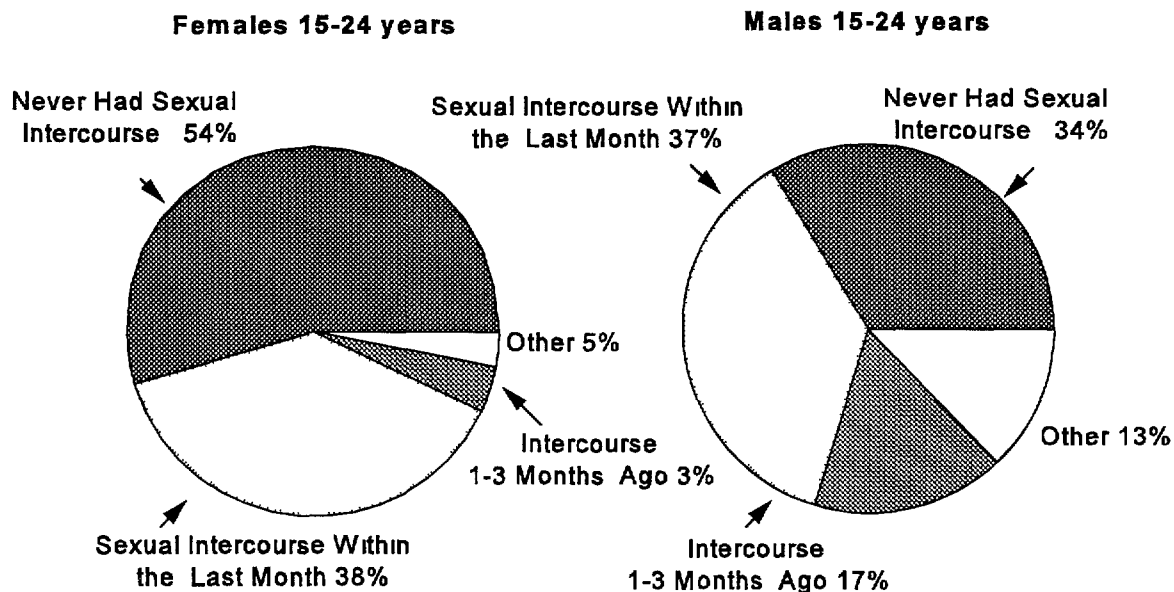


Table 6 2 also illustrate sexual activity status among adolescents and 20-24 year olds. As expected, fewer teenagers reported current sexual activity. Only 18% of teen females and 40% of teen males reported having had sex within the previous 3 months. By comparison, 66% of 20-24 year-old females and 80% of 20-24 year-old males were currently sexually active. However, if we look only at sexually experienced young adults, age differences in reports of current sexual activity disappear for women and narrow for men. Teenage nonvirgin females were currently as sexually active as 20-24 year-olds (87% vs 89%), whereas sexually experienced male teens were less sexually active than 20-24 year-olds (69% vs 86%). However, within each age group, the rates of current sexual activity are higher among females than among men because females marry several years earlier.

### **6 3 Number of Sexual Partners**

Number of sexual partners is considered one of the best predictors of the risk of sexually transmitted diseases (STDs). In YARHS, all sexually experienced respondents were asked how many sexual partners they had had in the three months preceding the interview and during their lifetime. The differences in numbers of sexual partners are presented for both women and men by marital experience in Table 6 4.

Overall, most sexually experienced respondents (88% of women and 65% of men) had only one sexual partner in the three months before the interview. Few of them (11% of women and 20% of men) had no current sexual relationship. Few had two or more sexual partners within the previous 3 months. The data do not allow us to differentiate whether they had concurrent partners or had switched partners.

Almost all young adults who were married or living with a partner reportedly were monogamous (93%). Conversely, those in noncohabitating relationships, particularly males, were more likely to report multiple sexual partners in the 3 months preceding the survey. About 4% of females and 24% of males reported having had two or more partners.

On average, young females had also fewer lifetime sexual partners than young males, in part because they start sexual intercourse later. Among women who have ever had sex, only 19% reported two or more lifetime partners. Married women and those living in consensual unions were four times less likely to report more than one lifetime partner than those in noncohabitating relationships (10% vs 43%). Among sexually experienced men, however, we found no significant difference in the number of lifetime partners by marital status. The majority of young males reported two or more sexual partners (87%) and 60% reported four or more sexual partners.

**TABLE 6 4**  
**Number of Sexual Partners During the Last Three Months and Lifetime**  
**Among Sexually Experienced Young Adults**  
**By Marital Status and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>No. of Sexual Partners</u>	<b>Women</b>			<b>Men</b>		
	<u>Total</u>	<u>Married/ In Union</u>	<u>Previously &amp; Never Married</u>	<u>Total</u>	<u>Married/ In Union</u>	<u>Previously &amp; Never Married</u>
<b><u>Within the Last 3 Months</u></b>						
None	11.1	6.1	24.3	19.7	1.7	24.7
One	87.8	93.4	72.9	64.9	93.4	57.1
Two	0.5	0.2	1.4	9.8	3.4	11.6
Three or More	0.5	0.3	1.0	5.4	1.5	6.4
Refused to Answer	0.1	0.0	0.4	0.2	0.0	0.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b><u>Lifetime</u></b>						
One	80.9	89.9	57.2	13.0	18.7	11.5
Two	9.6	5.7	19.7	11.4	6.8	12.6
Three	4.3	1.7	11.0	13.6	13.1	13.7
Four or More	4.7	2.2	11.1	60.3	61.3	60.0
Refused to Answer	0.7	0.5	1.1	1.7	0.0	2.2
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>788</b>	<b>531</b>	<b>257</b>	<b>1,208</b>	<b>146</b>	<b>1,062</b>

## **CHAPTER VII**

### **CONTRACEPTIVE USE**

One of the greatest challenges for the newly implemented Romanian family planning program is to help women successfully plan their births and reduce the risk of unintended pregnancies and subsequent abortions. In 1993, only 7% of 15-19 year-old women currently in formal or consensual marriage were currently using modern contraception--mainly spermicides and condoms-- and 33% were using withdrawal. Among 20-24 year-olds, the proportion using a modern method was 11%--almost equally divided between pills, condoms and IUD--and 41% were using traditional methods. Among women who were using traditional methods, lack of contraceptive knowledge, fear of side effects, and partner preference were the most common reasons for not using a modern method. Very few sexually active unmarried young women used contraception, mainly because lack of knowledge, of sporadic or unpredictable sexual intercourse. Regardless of marital status, one in five young women had an unmet need for any or more effective contraception and were, therefore, at high risk of unintended pregnancy.

Findings from the YARHS allow examination of the trends in contraceptive behavior among young women and complement the 1993 surveys with information about the contraceptive status of young men. Because of a high prevalence of male-controlled methods (e.g., withdrawal, condoms) among young couples, information from male respondents is essential to understand patterns of contraceptive use, reasons for nonuse, and factors associated with choosing specific methods.

#### **7.1 Contraceptive Use at First Sexual Intercourse**

Contraceptive behavior at first sexual intercourse is an important indicator of the risks of unintended pregnancy and STDs. Studies in the United States have shown that the risk of pregnancy among young women is highest in the few months following the first coitus (Zabin LS, et al., 1979), and their chance of acquiring a sexually transmitted disease during a single unprotected intercourse with an infected partner ranges from 1% for HIV to 30% for genital herpes, 40% for chlamydia, and 50% for gonorrhea (Harlap S. et al., 1991). Contraceptive use at first intercourse can also predict future contraceptive behaviors, such as continuation of use and choice of specific methods. Most young people who have used contraception the first time they had sex were also using it at the most recent intercourse (Mauldon J. and Luker K., 1996), and often, with increased time in a relationship, teens will switch to pills instead of male methods (Mosher WD, 1990). Also, nonusers at first intercourse, who adopt a method

method soon after, will usually chose oral contraceptives instead of condoms as the first method (Kahn J et al , 1990)

For these reasons, it was important to know whether the 46% of young women and 66% of young men who reported sexual experience had used a contraceptive method at the time of their first intercourse and whether, for young females, there was any improvement in use since 1993 Since, in 1993, the use of contraception varied directly with the age at first sexual intercourse, data presented here are correlated with the age of first sex Also, because contraceptive behavior is very different depending on whether the onset of sexual activity precedes marriage, contraceptive use is reported separately according to whether first intercourse was premarital or marital

**TABLE 7 1 1A**  
**Contraceptive Status At Time of First Sexual Intercourse,**  
**By Method and Age at First Intercourse**  
**Women 15-24 Years of Age Whose First Sexual Intercourse Was Premarital**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<b>Contraceptive Method</b>	<b>1993 RRHS</b>				<b>1996 YARHS</b>			
	<b>Total</b>	<b>Age at First Intercourse</b>			<b>Total</b>	<b>Age at First Intercourse</b>		
		<b>&lt;18</b>	<b>18-19</b>	<b>20-24</b>		<b>&lt;18</b>	<b>18-19</b>	<b>20-24</b>
<b>Any Method</b>	<b>25.5</b>	<b>15.9</b>	<b>31.0</b>	<b>33.8</b>	<b>39.0</b>	<b>36.2</b>	<b>39.7</b>	<b>42.9</b>
Withdrawal	17 4	13 0	23 7	17 1	20 8	21 0	22 0	18 6
Condom	4 0	1 1	3 7	8 7	13 4	11 5	13 9	15 8
Calendar	3 3	1 3	3 6	6 0	3 2	2 3	2 8	5 7
Pills	0 8	0 5	0 0	2 0	1 4	0 9	1 0	2 8
Other Modern	0 0	0 0	0 0	0 0	0 2	0 5	0 0	0 0
<b>No Method</b>	<b>74 5</b>	<b>84 0</b>	<b>69 0</b>	<b>66 2</b>	<b>61 0</b>	<b>63 8</b>	<b>60 3</b>	<b>57 1</b>
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>431</b>	<b>165</b>	<b>139</b>	<b>127</b>	<b>425</b>	<b>188</b>	<b>150</b>	<b>87</b>

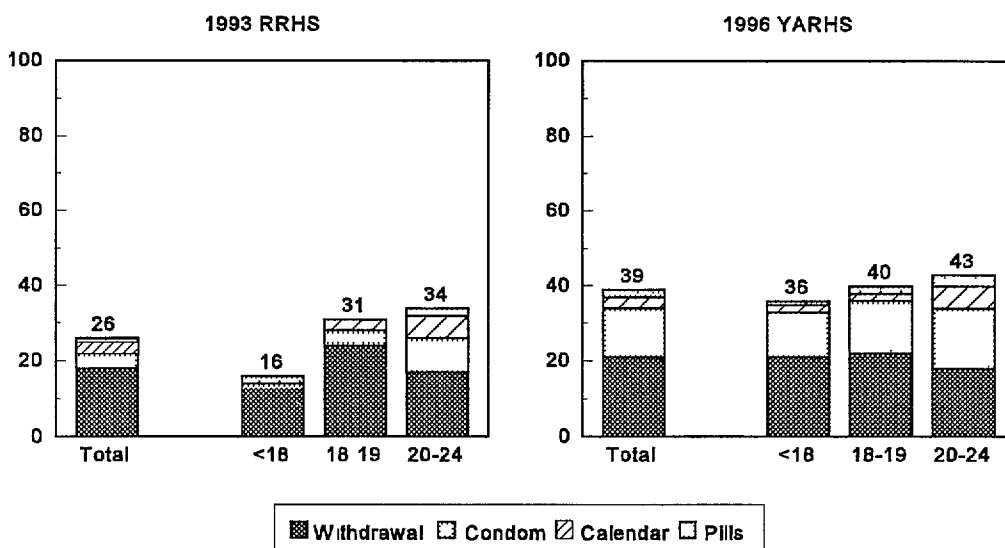
Data collected in both the 1993 RRHS and 1996 YARHS show low prevalence of contraceptive use at first intercourse and heavy reliance on withdrawal and to a much lesser

extent on condoms (Tables 7.1.1A and 7.1.2A). However, among sexually experienced young women who reported premarital intercourse (see Table 7.1.1A and Figure 7.1), the proportion using a method had increased from 26% in 1993 to 39% in 1996.

Almost all of the increase in use was the result of the increased popularity of condoms, whose prevalence more than tripled--from 4% to 13%. Thus, among users, condom use at first intercourse rose from 16% to 34%. Withdrawal was the leading method at first intercourse in both surveys and although its use had increased recently--from 17% to 21%--its prevalence among users actually declined (from 67% to 55%). There were no significant changes in the use of oral contraceptives or the calendar method.

In both surveys, the likelihood of using a method at first intercourse was positively correlated with age at first sexual experience, but the differences had become negligible by 1996. For example, the proportion of users was twice as high in 1993 if the onset of sexual activity was postponed until after age 18 compared to a difference in use of only 11% in 1996. This is due to different patterns of change in contraceptive use by age at first sex. The biggest increase in use was among women who started intercourse early (before age 18), narrowing

**FIGURE 7.1**  
**CONTRACEPTIVE STATUS AT TIME OF FIRST SEXUAL INTERCOURSE BY**  
**METHOD AND AGE AT FIRST INTERCOURSE**  
**WOMEN WITH PREMARITAL INTERCOURSE - ROMANIA 1993, 1996**





the previous difference by age at first sex. By 1996, this proportion more than doubled --from 16% to 36%-- while those aged 18-19 or over age 19 at first intercourse experienced a lower (29% and 26%, respectively) but still important increase in overall use --from a prevalence of 31% to 40%, and from 34% to 43%, respectively.

The pattern of change in contraceptive method mix was also related to age at first intercourse. While the most prevalent method continues to be withdrawal, regardless of when first intercourse had occurred, the proportion of condom users increased 10 times among women with early intercourse, four times among those with first intercourse between ages 18-19, and almost doubled for women age 20-24 at first sex.

Conversely, the contraceptive behavior of young women whose first intercourse was marital changed very little and, for some, in the opposite direction (Table 7.1.2A). The overall contraceptive use--mainly withdrawal and to a lesser extent condoms--remained basically unchanged (15% in 1993 and 14% in 1996). Pills use had doubled but remained very low (only 1% in 1996) whereas the use of the calendar method had fallen to less than one percent.

**TABLE 7.1.2A**  
**Contraceptive Status At Time of First Sexual Intercourse,**  
**By Method and Age at First Intercourse**  
**Women 15-24 Years of Age Whose First Sexual Intercourse Was Marital**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Contraceptive Method</u>	<u>1993 RRHS</u>				<u>1996 YARHS</u>			
	<u>Total</u>	<u>Age at First Intercourse</u>			<u>Total</u>	<u>Age at First Intercourse</u>		
		<u>&lt;18</u>	<u>18-19</u>	<u>20-24</u>		<u>&lt;18</u>	<u>18-19</u>	<u>20-24</u>
<b>Any Method</b>	<b>15.2</b>	<b>8.4</b>	<b>14.8</b>	<b>21.8</b>	<b>13.6</b>	<b>12.3</b>	<b>14.4</b>	<b>14.0</b>
Withdrawal	10.9	6.8	10.3	15.3	10.2	12.3	10.4	7.0
Condom	2.3	1.6	3.1	1.9	1.7	0.0	1.1	4.9
Calendar	1.6	0.0	1.4	3.4	0.7	0.0	1.1	1.0
Pills	0.4	0.0	0.0	1.2	1.0	0.0	1.7	1.0
<b>No Method</b>	<b>84.8</b>	<b>91.5</b>	<b>85.3</b>	<b>78.2</b>	<b>86.4</b>	<b>87.7</b>	<b>85.6</b>	<b>86.0</b>
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>387</b>	<b>106</b>	<b>146</b>	<b>135</b>	<b>363</b>	<b>151</b>	<b>137</b>	<b>75</b>

**TABLE 7 1 2B**  
**Contraceptive Status At Time of First Sexual Intercourse,**  
**By Method and Age at First Intercourse**  
**Men 15-24 Years of Age Whose First Intercourse Was Premarital**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Contraceptive Method</u>	<u>Total</u>	<u>Age at First Intercourse</u>		
		<u>&lt;18</u>	<u>18-19</u>	<u>20-24</u>
<b><u>Any Method</u></b>	<b><u>34 5</u></b>	<b><u>33 0</u></b>	<b><u>37 4</u></b>	<b><u>43 1</u></b>
Condom	15 9	14 8	17 5	24 3
Withdrawal	15 2	15 3	20 6	13 2
Calendar	2 2	1 9	2 8	4 2
Pills	1 0	0 8	1 5	1 3
Other Modern	0 2	0 2	0 3	0 0
<b>No Method</b>	<b>65 5</b>	<b>67 0</b>	<b>62 6</b>	<b>56 9</b>
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>1208</b>	<b>914</b>	<b>221</b>	<b>73</b>

Contraceptive use at first intercourse before age 18 had increased by 50% but the entire increase is attributable to higher prevalence of withdrawal and no respondent reported condom use. Among women who married and started sexual activity at ages 18 or later, contraceptive use remained unchanged, although contraceptive use had fallen from 22% to 14% among women who initiated coitus after age 19, the difference is not statistically significant.

Similar to the contraceptive use among women with premarital intercourse, reported use at first sex among young men was also rather low (35%). Only one in three young men had used a method and the use consisted predominantly of condoms (16%) and withdrawal (15%). Female methods, such as oral contraceptives (1%) and the calendar (2%), accounted for less than ten percent of use (3% for pills and 6% for calendar method). The use of condoms increased sharply with the postponement of first intercourse, from 15% at first sex before age 18 to 24% at intercourse after age 19. Consequently, overall use was higher if the first intercourse was delayed.

These findings indicate that male involvement has been of growing importance in decisions about contraceptive use at first intercourse. Several factors may have contributed to this role. First, the older age of male partners may give them more influence in contraceptive decision-making, the YARHS show that many young women with premarital intercourse had older partners at first intercourse (52%) whereas the majority of young men (83%) were one or more years older than to their first partners. Second, communication and agreements may be difficult to achieve for young women, only 22% of sexually active women had dared to ever ask a partner to wear a condom and only 4% had been successful in their requests. Third, improved condom use at first intercourse suggests greater concern with preventing STDs, but also may be due to greater availability of and accessibility to an over-the-counter method.

Since young couples in Romania rely overwhelmingly on male-controlled methods, more efforts should be made to educate young men to adopt effective methods of contraception. Furthermore, education messages should seek to improve negotiation skills and assertiveness among young women, to enable them to play an active role in contraceptive decision-making.

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**TABLE 7 1 3A**  
**Reasons for Not Using Contraception At the Time of First Sexual Intercourse,**  
**By Age at First Intercourse**  
**Women 15-24 Years of Age Whose First Sexual Intercourse Was Premarital**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

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<u>Reason for Not Using Contraception</u>	<u>Total</u>	<u>Age at First Intercourse</u>	
		<u>&lt;18</u>	<u>18-24</u>
She Did Not Think About Using a Method	25 7	26 0	25 6
Sexual Intercourse Was Unexpected	21 0	17 9	23 2
She Did Not Want to Use Contraception	19 9	12 2	25 5
She Did Not Know About Contraception	19 0	28 6	12 0
She Wanted to Get Pregnant	9 3	12 0	7 4
He Did Not Want to Use Contraception	2 0	1 5	2 3
Sex Was Safe According to the Calendar	1 6	0 0	2 8
Other	1 4	1 7	1 2
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No. of Cases</b>	<b>238</b>	<b>105</b>	<b>133</b>

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**TABLE 7 1 3B**  
**Reasons for Not Using Contraception At the Time of First Sexual Intercourse,**  
**By Age at First Intercourse**  
**Men 15-24 Years of Age Whose First Sexual Intercourse Was Premarital**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Reason for Not Using Contraception</u>	<u>Total</u>	<u>Age at First Intercourse</u>		
		<u>&lt;16</u>	<u>16-17</u>	<u>18-24</u>
Sexual Intercourse Was Unexpected	39 3	36 2	45 9	35 0
He Did Not Know About Contraception	24 8	32 5	18 7	20 7
He Did Not Think About Using a Method	22 0	20 6	21 3	25 5
He Did Not Want to Use Contraception	9 0	7 3	9 8	10 5
He Trust His Partner (To Use a Method)	1 4	0 7	1 5	2 3
Contraceptive Methods Are Hard to Find	1 1	1 0	1 7	0 6
He Wanted to Get Her Pregnant	1 0	0 0	0 2	3 6
She Did Not Want to Use Contraception	0 7	0 8	0 6	0 6
Other	0 8	0 9	0 3	1 2
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>753</b>	<b>320</b>	<b>267</b>	<b>166</b>

As shown in Table 7 1 3A, among young women who had premarital intercourse, the most common reason for not using a method at first coitus was lack of concern about contraception (26%), followed closely by unexpected sexual intercourse (21%), personal opposition to contraceptive methods (20%), and little knowledge about contraception (19%) Partner opposition played a minor role in the decision of not to use contraception (2%) Personal desire to get pregnant at first intercourse was mentioned by 9% of these women

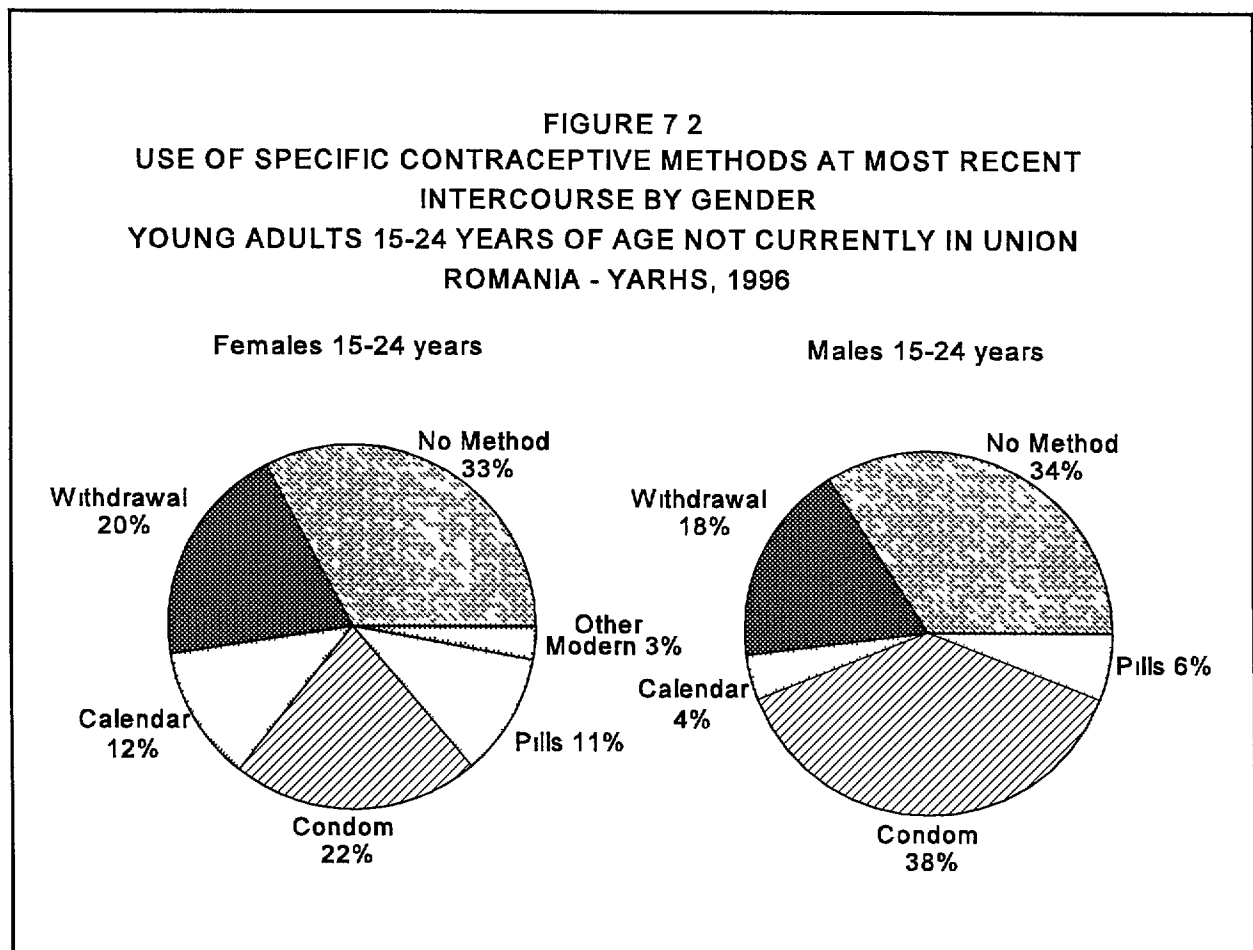
Among young men (see Table 7 1 3B), the leading reasons were unexpected sexual intercourse (39%), little knowledge about contraception (25%), lack of concern about contraceptive methods (22%), and personal opposition to contraception (9%) Only one percent of the young men did not use contraception because they sought to get their partner pregnant

Interestingly, for both women and men, the cost associated with contraceptive methods was not mentioned as a barrier to their use and very few men stated that birth control methods are not easily available (1%)

## 7.2 Contraceptive Use at Most Recent Sexual Intercourse

Not all young adults who have ever had intercourse were currently sexually active and in need of contraception. Particularly among those who were not currently married or in consensual union, current contraceptive use was very low (see Figure 7.3.1). Since most young adults not involved in a marital or cohabitation relationship may be temporarily sexually inactive for varying lengths of time, their current contraceptive status is difficult to assess accurately. Instead, a better measure of their ability to protect against unintended pregnancy and STDs is contraceptive use at most recent sexual intercourse.

As shown in Figure 7.2 and Table 7.2, among sexually experienced young adults, regardless of the timing of their last sexual intercourse, contraceptive prevalence on that occasion was relatively high (67% for females and 66% for males). Furthermore, both females and males were more likely to use a modern method than a traditional method. The ratio of traditional to modern methods use was 0.9:1 for females and 0.5:1 for males.



**TABLE 7 2**  
**Use of Specific Contraceptive Methods at Most Recent Sexual Intercourse**  
**By Age Group And Gender**  
**Sexually Experienced Young Adults Who Were Not Currently Married or In Consensual Union**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

	<b>Women</b>			<b>Men</b>		
	<u>Total</u>	<u>15-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-19</u>	<u>20-24</u>
<b>Any Method</b>	<b>67 0</b>	<b>62 1</b>	<b>69 1</b>	<b>65 8</b>	<b>63 2</b>	<b>67 5</b>
<b><u>Modern Methods</u></b>	<b><u>35 5</u></b>	<b><u>32 4</u></b>	<b><u>36 4</u></b>	<b><u>42 9</u></b>	<b><u>43 1</u></b>	<b><u>42 9</u></b>
Condom	22 2	16 7	25 6	36 7	40 8	34 2
Pills	10 6	12 9	8 2	5 5	2 1	7 6
Other Modern	2 7	2 8	2 6	0 7	0 2	1 1
<b><u>Traditional Methods</u></b>	<b><u>31 5</u></b>	<b><u>29 7</u></b>	<b><u>32 7</u></b>	<b><u>22 8</u></b>	<b><u>20 1</u></b>	<b><u>23 6</u></b>
Withdrawal	19 9	19 7	20 1	18 3	16 3	19 6
Calendar	11 6	10 0	12 6	4 5	3 8	5 0
<b>No Method</b>	<b>33 0</b>	<b>37 9</b>	<b>29 9</b>	<b>34 2</b>	<b>36 8</b>	<b>32 5</b>
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>257</b>	<b>117</b>	<b>140</b>	<b>1,062</b>	<b>524</b>	<b>538</b>

For both females or males, the most prevalent method was the condom, used by 22% of females and 37% of males, followed by withdrawal (20% and 18%, respectively) and oral contraceptives (11% and 6%, respectively)

Patterns of contraceptive use at last intercourse varied directly with the respondent's age but the differences were not very striking. The use had increased modestly, from 62% and 63%, respectively, among 15-19 year-old females and males, to 69% and 68% among 20-24

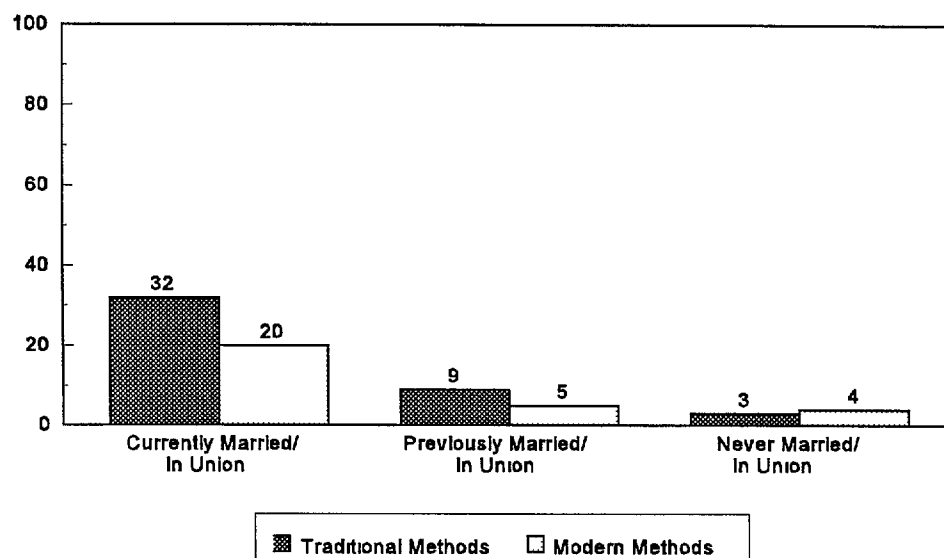
year-olds. However, the increase in use among older women was the result of proportionally higher usage of modern and traditional methods, whereas among older men it was mainly the result of more reliance on traditional methods whereas modern method use remained unchanged.

### 7.3 Current Contraceptive Use Among Married Women

This section focuses only on young women in union since they represent two-thirds of sexually experienced women, have greater frequency of intercourse, have higher fertility and accidental pregnancies at the beginning of their marriages, and constitute the common denominator for other national and international studies of contraceptive prevalence. In the 1993 RRHS, current contraceptive status was measured as of the month of the interview. To be able to compare the trends in contraceptive practice we maintain the same definition of current contraceptive status among women married or in consensual unions.

As shown in Figure 7.3.1 and similar to the findings of the 1993 survey, current contraceptive use was much higher among women in union (52%) than among previously married and never-married women (13% and 7%, respectively). However, comparisons of

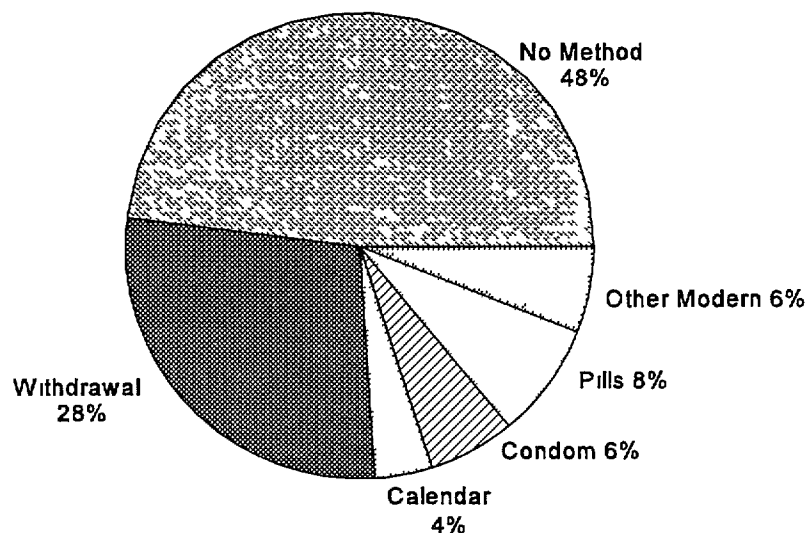
**FIGURE 7.3.1**  
**CURRENT USE OF CONTRACEPTION BY MARITAL STATUS**  
**WOMEN CURRENTLY SEXUALLY ACTIVE WITHIN THE LAST MONTH**  
**WOMEN AGED 15-24 YEARS - YARHS, 1996**



contraceptive prevalence are strongly affected by the proportion of women who have never had sexual intercourse or who have sporadic sexual activity. Since the majority of never married women were not sexually experienced (83%), and most previously married women had not had intercourse within the last month (61%), they are not currently at risk of getting pregnant and therefore they do not use contraception. If the study of current contraceptive use is restricted to the 38% of women sexually active within the last month (not shown), the prevalence among never or previously married women is in fact higher than among women in union (67% vs 56%) and their preference for modern methods is stronger (33% vs 21%). Contraceptive use by current reproductive status will be included in the final report.

At the time of the survey 52% of young women currently in union reported using a contraceptive method--20% using modern contraceptives and 32% using traditional methods (see Table 7.3). Among the remaining 48% of women not currently using a contraceptive method, almost half were either pregnant (12%), postpartum (4%), or trying to become pregnant (7%), about 10% did not have intercourse during the last month, almost 7% had personal objections to contraception and 4% had little knowledge about contraception, only one percent were not sure if the couple could conceive or mentioned medical reasons which prevented them from using a method, the remaining 3% mentioned partner objections or other reasons.

**FIGURE 7.3.2**  
**CURRENT USE OF SPECIFIC CONTRACEPTIVE METHODS**  
**WOMEN CURRENTLY MARRIED OR IN CONSENSUAL UNIONS**  
**WOMEN AGED 15-24 YEARS - YARHS, 1996**





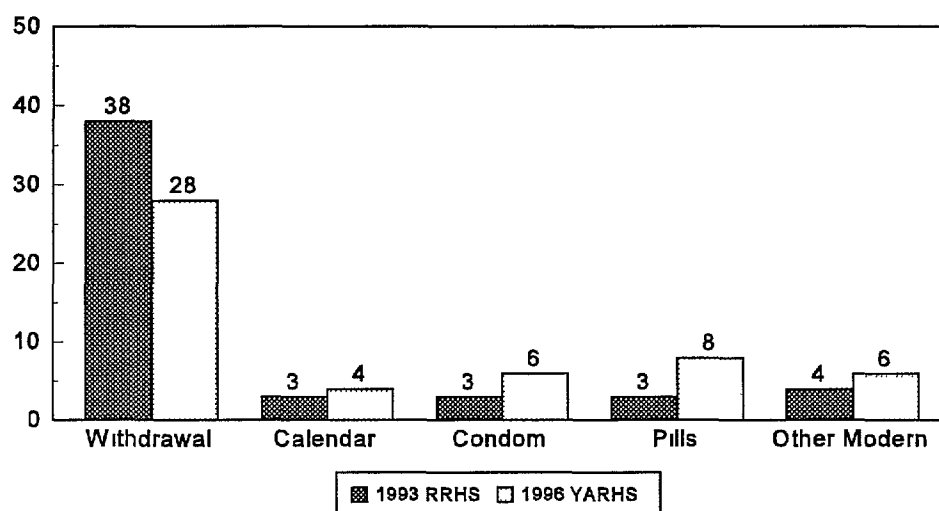
**TABLE 7 3**  
**Current Use of Specific Contraceptive Methods by Age Group**  
**Women in Union Aged 15-24-ROMANIA 1993 and 1996**  
**Reproductive Health Survey and Young Adult Reproductive Health Survey**  
**(Percent Distribution)**

	<b>1993 Reproductive Health Survey</b>			<b>1996 Young Adults Reproductive Health Survey</b>		
<b>Currently Using</b>	<u><b>Total</b></u>	<u><b>15-19</b></u>	<u><b>20-24</b></u>	<u><b>Total</b></u>	<u><b>15-19</b></u>	<u><b>20-24</b></u>
<b>Any Method</b>	<b>50 4</b>	<b>39 9</b>	<b>52 8</b>	<b>51 5</b>	<b>42 5</b>	<b>53 3</b>
<b><u>Modern Methods</u></b>	<b><u>10 4</u></b>	<b><u>6.5</u></b>	<b><u>11.4</u></b>	<b><u>19 7</u></b>	<b><u>8 5</u></b>	<b><u>22 1</u></b>
Pills	3 2	1 2	3 6	7 5	2 9	8 4
Condom	2 8	0 8	3 3	5 8	4 4	6 1
IUD	2 8	0 0	3 4	3 3	0 0	4 0
Spermicides	1 4	4 5	0 8	2 2	1 2	2 4
Tubal Ligation	0 0	0 0	0 0	0 8	0 0	1 0
Injectables	0 1	0 0	0 1	0 1	0 0	0 2
Other Modern	0 1	0 0	0 2	0 0	0 0	0 0
<b><u>Traditional Methods</u></b>	<b><u>40 0</u></b>	<b><u>33.4</u></b>	<b><u>41.4</u></b>	<b><u>31 8</u></b>	<b><u>34 0</u></b>	<b><u>31 2</u></b>
Withdrawal	36 7	33 4	37 4	27 6	31 8	26 7
Calendar	3 3	0 0	4 0	4 2	2 2	4 5
<b>No Method</b>	<b>49 6</b>	<b>60 1</b>	<b>47 2</b>	<b>48 5</b>	<b>57 5</b>	<b>46 7</b>
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No. of Cases</b>	<b>(674)</b>	<b>(105)</b>	<b>(569)</b>	<b>(531)</b>	<b>(124)</b>	<b>(407)</b>

Among women in union, the most prevalent birth control method continued to be withdrawal (28%), followed by oral contraceptives (8%) and condoms (6%). The other methods, in rank order, were IUD (3%), spermicides (2%) and tubal ligation (1%). Among users, the ratio of traditional to modern methods use was 1.6:1.

The patterns of contraceptive use differed greatly between age groups. Women in union age 15-19 were less likely than women 20-24 years-old to use contraceptives (43% vs 53%), especially modern methods (9% vs 22%). Although traditional methods prevailed in both age groups, the ratio of traditional methods to modern methods use decreased significantly with the increase in respondents' age, from 4:1 to 1.4:1. For women aged 15-19 the second most commonly used method after withdrawal, was the condom. Among 20-24 year-olds, the second most prevalent method was the pill.

**FIGURE 7.3.3**  
**CURRENT USE OF SPECIFIC CONTRACEPTIVE METHODS IN 1993 AND 1996**  
**WOMEN CURRENTLY MARRIED OR IN CONSENSUAL UNIONS**  
**WOMEN AGED 15-24 YEARS - 1993 RRHS AND 1996 YARHS**



Comparison with the 1993 RRHS reveals several important changes in contraceptive method mix (see Table 7.3 and Figure 7.3.3). The most striking findings were a two-fold increase in the proportion of women using a modern method (from 10% to 20%) paralleled by a

20% decrease in the prevalence of traditional methods. These changes brought the ratio of traditional to modern method users down from 4.1 to 1.6. Virtually all the increase in the use of modern methods was the result of increased reliance on pills and condoms.

Although overall contraceptive prevalence by age group did not increase significantly, the contraceptive method mix has seen dramatic changes. Between the two surveys, the proportion of women aged 15-19 relying on condoms increased six times and the proportion using pills more than doubled, while the proportion using traditional methods remained unchanged. Among women aged 20-24, while the use of pills and condoms essentially doubled, reliance on traditional methods diminished.

#### **7.4 Source of Contraception and Their Costs**

In order to assess sources of contraceptive methods for young couples, the YARHS included questions about the place where current users of supplied contraceptive methods obtain their methods, similar to questions asked in 1993. Since the family planning program was only recently instituted by the government and nongovernmental organizations, and since a nationwide contraceptive logistics system is still under development, information regarding sources of contraception continue to be of great interest.

Similar to the 1993 findings, the YARHS indicated that pharmacies, either public or private, were the most important source of contraception, among current users, they provided 41% of women and 64% of men with a modern method of contraception. Because pharmacies are the subject of a rapid process of privatization, it is very difficult to differentiate between public, private and mixed ownership status. Other commercial sales outlets ("drogheri") provided 2% of women and 6% of men with over-the-counter condoms. The second most important source for women, supplying 19% of current users, was the public sector through 'contraceptive cabinets' set up mainly in hospitals, but also in polyclinics and dispensaries. The private medical sector, also supplied 19% of female users. In addition to private medical offices and clinics, this source includes also the principal family planning nongovernmental organization, the Sexual Education and Contraception Society (SECS), accounting for methods distributed to 4% of women, an increase from 1% in 1993. For men, the second most important source was a street market or vendor, supplying 14% of users, followed by the public medical sector which supplied 7% of male users. Other sources, such as partners, supplied 15% of female users and 3% of male users, whereas friends and relatives supplied 4% of male users but none of the female users (see Table 7.4).

Sources varied greatly according to the particular contraceptive method used. Pharmacies were the principal provider for condoms, supplying 52% of women whose partners use condoms and 75% of male users. However, 39% of women who used condoms stated that

**TABLE 7.4**  
**Current Users of Modern Contraceptive Methods by Main Source of Supply**  
**By Specific Methods**  
**Young Adults Reproductive Health Survey-ROMANIA, 1996**  
**(Percent Distribution)**

Source of Supply	Women				Men*		
	<u>Any Method</u>	<u>Pills</u>	<u>Condom</u>	<u>Other**</u>	<u>Any Method</u>	<u>Pills</u>	<u>Condom</u>
<u>Commercial Sales</u>	<u>43.7</u>	<u>37.0</u>	<u>51.5</u>	<u>41.4</u>	<u>70.3</u>	<u>62.1</u>	<u>74.6</u>
Pharmacy	41.4	37.0	45.6	41.4	64.1	62.1	66.3
Other Shops†	2.3	0.0	5.9	0.0	6.2	0.0	8.3
<u>Public Medical Sector</u>	<u>18.9</u>	<u>30.2</u>	<u>0.0</u>	<u>31.6</u>	<u>7.2</u>	<u>22.0</u>	<u>0.3</u>
•Dispensary	0.7	1.9	0.0	0.0	2.7	11.3	0.3
•Polyclinic	3.3	7.5	0.0	2.3	1.8	5.7	0.0
•Hospital	14.9	20.8	0.0	29.3	2.7	5.0	0.0
<u>Private Medical Sector</u>	<u>18.8</u>	<u>31.8</u>	<u>1.3</u>	<u>27.0</u>	<u>2.4</u>	<u>7.8</u>	<u>0.9</u>
•Private office	14.5	20.0	1.3	27.0	2.0	6.0	0.9
•SECS	4.3	11.8	0.0	0.0	0.4	1.8	0.0
Street Market/Vendors	3.2	0.0	8.4	0.0	13.6	2.1	17.8
Partner	15.3	1.0	38.8	0.0	3.0	6.0	1.7
Friends or Relatives	0.0	0.0	0.0	0.0	3.5	0.0	4.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>147</b>	<b>55</b>	<b>57</b>	<b>35</b>	<b>231</b>	<b>44</b>	<b>180</b>
<b>Mean Cost of Contraception‡ (in Lei§)</b>	<b>5,200</b>	<b>3,400</b>	<b>1,000</b>	<b>16,000/ 5,500§</b>	<b>1,900</b>	<b>6,200</b>	<b>916</b>

\* Seven men whose partners were using IUDs or spermicides are included only in the total

\*\* 14 IUD users, 16 users of spermicides, 4 users of contraceptive sterilization, and one user of Depo Provera

† *drogheri* which sell over-the-counter health products

‡ Excludes 27 women and 32 men who either did not pay for the method or had partners who paid for contraception

§ (3,000 Lei = \$US 1.00 at the time of the survey)

§ Mean cost for IUD users (16,000 Lei) and users of local spermicides (5,500 Lei)

their partner was providing the supplies. Pharmacies also supplied most of the pill users (38% and 64%, respectively). The government's family planning network was as likely as the private medical sector to provide women with oral contraceptives (30% vs 31%) but almost three times more likely to distribute them to young men whose partners were using pills (22% vs 8%).

Unregulated street sales were providing almost one in five males with their condoms but very few females (8%). Other methods, mainly spermicides and IUD, were provided principally through pharmacies (spermicides) and medical sector, public or private (IUDs).

Compared to the 1993 survey, substantially fewer women reported contraceptive purchases from unregulated vendors and more reported as the main source of birth control their partners. The proportion reporting a medical setting (public or private) as the primary source remained basically unchanged. The lack of use of these sources is understandable because most currently sexually active young couples relied on over-the-counter methods (mainly condoms). However, it is important for young adults to visit a doctor or a clinic more often to obtain contraceptive counseling and more effective methods for preventing pregnancy. While such visits could stress the use of these methods (e.g., pills or injectables), they could also provide an opportunity to screen for and eventually treat possible STDs.

Information about the cost of modern methods were obtained from 72% of female users. Nine percent obtained their methods free of charge and 19% either did not remember or did not know the price, since their partner provided the method (24% of condom users, 10% of IUD and pills users). Conversely, fewer men obtained their method free of charge (4%) or did not know their costs because they were purchased by partners (12%).

For women who paid for a modern method, the average cost was 3,400 lei for a cycle of pills, 1,000 lei for a pack of condoms (usually three condoms), 16,000 lei for IUD, and 5,500 for spermicides (3,000 lei=\$US 1.00 at the time of the survey). The cost varies according to the source of supply but given the small number of cases the differences were not significant.

## **CHAPTER VIII**

### **ATTITUDES AND OPINIONS ABOUT CONTRACEPTION**

In the years since abortion and contraception have been legalized and pro-natalist laws repealed, most women who considered themselves to be at risk of pregnancy have largely chosen traditional methods or no method of birth control. As shown earlier (Chapter VII), the use of contraception among currently sexually active young women in union was 52% and 32% were using traditional, less effective methods. As such, it is important to understand the attitudes and knowledge that surround family planning in Romania as well as the factors that may or may not affect a young adults' reproductive health decisions.

The YARHS included a series of questions to explore young adults' knowledge, attitudes, and opinions on several aspects of reproduction and contraception, including perceptions of their role in decision making about sex, family planning, and fertility. In this preliminary report we present only data on opinions about the best method to prevent pregnancy, opinions about the efficacy, safety, and side effects of oral contraceptives, and opinions about condoms.

#### **8.1 Opinions about the Best Method to Prevent Pregnancy**

Opinions about the best and second best method to prevent pregnancy were assessed among all respondents by showing them cards which listed all contraceptive methods and recording their answers on the questionnaires.

Although opinions about the best method to prevent unintended pregnancy differed by respondents' gender and background characteristics, most young adults (69% of females and 78% of males) believed that a modern method, particularly condom or the pill, would be the best contraceptive to prevent pregnancy. Condoms were considered the most effective contraceptive by 30% of young women and 60% of young men, while oral contraceptives were recognized as the best contraceptive by 15% of women and 10% of men (see Table 8.1.1). Apparently, women were more willing to accept male-controlled methods for preventing pregnancy, whereas males were less willing to approve methods they could not control.

Interestingly, withdrawal and the calendar method were believed to be the best method to prevent pregnancy by only 9% of females and males, although most young adults had used them at first intercourse, and many continue to rely on them. Among young women, withdrawal and calendar were thought to be the most effective methods by only 6% and 3%, respectively,

whereas among men by 8% and 2%, respectively. It is important to emphasize that a sizable proportion of young adults did not have enough knowledge to express any opinion about the best method of birth control (20% of women and 12% of men). Less than one percent females and males stated that no method is good enough to prevent pregnancy.

Striking differences were found between ever and never married young adults concerning their opinions about the best contraceptive method (Table 8.1.2). Ever married women were more likely to rank the IUD as the most effective method to prevent pregnancy (23%), followed by condoms (17%) and pills (15%) whereas never married women were more likely to think that condoms are the most effective (37%), before pills (16%) and the IUD (10%). Among males, the ranking of modern methods by their efficacy was not substantially influenced by marital experience. However, more never married than ever married men maintained that the condom is the best method (61% vs 51%), followed by pills (10% vs 9%). The belief that withdrawal is the best method, was much more prevalent among ever married than never married young adults (11% vs 2% among women and 12% vs 7% among men).

**TABLE 8.1.1**  
**Young Adult Beliefs About the Best Method to Prevent Pregnancy**  
**By Method By Marital Status And Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Best Contraceptive Method</u>	<u>Women</u>			<u>Men</u>		
	<u>Total</u>	<u>Ever Married</u>	<u>Never Married</u>	<u>Total</u>	<u>Ever Married</u>	<u>Never Married</u>
<b>Condom</b>	<b>30.1</b>	<b>16.8</b>	<b>37.4</b>	<b>59.7</b>	<b>51.0</b>	<b>61.3</b>
<b>Pills</b>	<b>15.4</b>	<b>14.5</b>	<b>15.9</b>	<b>10.0</b>	<b>8.8</b>	<b>10.2</b>
<b>IUD</b>	<b>14.8</b>	<b>23.3</b>	<b>10.0</b>	<b>2.9</b>	<b>5.1</b>	<b>2.5</b>
Other Modern	8.6	9.9	7.9	5.6	5.3	5.6
Withdrawal	5.5	11.3	2.3	7.6	12.4	6.7
Calendar	3.4	5.2	2.4	1.7	4.5	1.2
Douching	1.1	1.5	0.9	0.3	0.5	0.3
None	0.7	0.7	0.8	0.6	0.8	0.6
Don't Know	20.4	16.8	22.4	11.6	11.6	11.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>531</b>	<b>1,494</b>	<b>2,047</b>	<b>146</b>	<b>1,901</b>

**TABLE 8 1 2**  
**Young Adult Beliefs About the Best Method to Prevent Pregnancy**  
**By Method By Age Group And Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Best</u> <u>Contraceptive Method</u>	<u>Women</u>				<u>Men</u>			
	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>	<u>Total</u>	<u>15-17</u>	<u>18-19</u>	<u>20-24</u>
<b>Condom</b>	<b>30.1</b>	<b>37.2</b>	<b>37.1</b>	<b>22.6</b>	<b>59.7</b>	<b>64.0</b>	<b>62.3</b>	<b>55.9</b>
<b>Pills</b>	<b>15.4</b>	<b>13.7</b>	<b>15.7</b>	<b>16.3</b>	<b>10.0</b>	<b>8.7</b>	<b>9.4</b>	<b>11.1</b>
<b>IUD</b>	<b>14.8</b>	<b>7.2</b>	<b>9.5</b>	<b>21.7</b>	<b>2.9</b>	<b>1.5</b>	<b>3.7</b>	<b>3.5</b>
Other Modern	8.6	5.8	6.6	11.2	5.6	2.3	5.3	7.7
Withdrawal	5.5	2.1	4.9	7.8	7.6	2.8	8.1	10.4
Calendar	3.4	1.7	3.0	4.7	1.7	0.5	1.3	2.7
Douching	1.1	0.5	2.1	1.0	0.3	0.1	0.2	0.5
None	0.7	0.8	0.8	0.6	0.6	0.9	0.4	0.5
Don't Know	20.4	30.8	20.1	14.0	11.6	19.1	9.2	7.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>738</b>	<b>501</b>	<b>786</b>	<b>2,047</b>	<b>805</b>	<b>517</b>	<b>725</b>

Beliefs that modern contraception is more effective in preventing pregnancy varied directly with the respondents' age among females but did not show any age pattern among males (Table 8 1 2). Opinions about which specific modern method is the best in preventing pregnancy were affected by the respondents' age, regardless of their gender. Teenagers (15-19 years of age) were more likely than 20-24 year-olds to believe that is best to use condoms to prevent pregnancy (37% vs 23% among women and 63% vs 56% among men), whereas 20-24 year old women held more trust in the IUD being as effective as condoms. Beliefs that traditional methods are the best methods increased directly with the increase in respondents' age. Also, the likelihood to name a certain method as the best contraception increased by age. Almost one-third of 15-17 year-old females and one-fifth of 15-17 year-old males were not able to express an opinion about the efficacy of contraceptive methods, whereas only 14% and 8% of 20-24 year-olds could not do so.



**TABLE 8 1 3**  
**Young Adult Beliefs About the Best Method to Prevent Pregnancy**  
**By Method By Education And Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Best</u> <u>Contraceptive Method</u>	<u>Women</u>				<u>Men</u>			
	<u>Total</u>	<u>Primary</u>	<u>Some HS*</u>	<u>HSD&amp; PostHS**</u>	<u>Total</u>	<u>Primary</u>	<u>Some HS*</u>	<u>HSD&amp; PostHS**</u>
<b>Condom</b>	<b>30.1</b>	<b>16.0</b>	<b>33.4</b>	<b>34.1</b>	<b>59.7</b>	<b>50.9</b>	<b>65.9</b>	<b>54.8</b>
<b>Pills</b>	<b>15.4</b>	<b>9.9</b>	<b>14.4</b>	<b>19.6</b>	<b>10.0</b>	<b>4.5</b>	<b>9.4</b>	<b>15.4</b>
<b>IUD</b>	<b>14.8</b>	<b>12.4</b>	<b>13.0</b>	<b>18.3</b>	<b>2.9</b>	<b>0.9</b>	<b>2.7</b>	<b>4.8</b>
Other Modern	8.6	4.0	8.7	11.1	5.6	0.6	3.3	13.5
Withdrawal	5.5	5.4	6.0	5.0	7.6	11.5	7.2	5.4
Calendar	3.4	3.0	2.8	4.4	1.7	1.0	1.6	2.3
Douching	1.1	1.7	1.4	0.4	0.3	0.3	0.3	0.5
None	0.7	0.9	0.4	1.1	0.6	1.1	0.6	0.4
Don't Know	20.4	47.0	19.9	5.9	11.6	29.1	9.0	3.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>460</b>	<b>917</b>	<b>648</b>	<b>2,047</b>	<b>473</b>	<b>1,065</b>	<b>509</b>

\* Some High School  
\*\* High School Graduates (with Diploma) and Post High-School Education

Differences in opinions about the efficacy of contraceptive methods were dramatically influenced by the respondents' level of education (Table 8 1 3). Very high proportions of young women (47%) and young men (29%) with the lowest education level were not able to say what was, in their opinion, the best method of contraception. Conversely, among young adults with the highest educational attainment, virtually all could name a method. Beliefs that condoms, pills and IUD are the most effective method increased by education but the trust in traditional methods did not vary substantially. However, among women with primary education who could express an opinion about the best contraceptive method, the belief that a traditional method is the most effective method was 50% more prevalent than among women with better levels of education who had an opinion about the best method. Similarly, among men with primary education who were able to name a best method, the belief in traditional methods' efficacy was twice as high as among men with higher educational levels.

**TABLE 8 1 4**  
**Beliefs About the Second Best Method to Prevent Pregnancy**  
**By Method By Best Method And Gender**  
**Young Adults 15-24 Years of Age Who Named a First Best Method to Prevent Pregnancy**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**  
**(Percent Distribution)**

<u>Second Best</u> <u>Contraceptive Method</u>	<u>Best Contraceptive Method</u>					
	<u>Total</u>	<u>Condom</u>	<u>Pills</u>	<u>IUD</u>	<u>Other</u> <u>Modern</u>	<u>Withdrawal/</u> <u>Calendar</u>
<b>FEMALES</b>						
<b>Condom</b>	<b>19 2</b>	<b>0 5</b>	<b>51 1</b>	<b>30 9</b>	<b>32 0</b>	<b>33 3</b>
<b>Pills</b>	<b>18 6</b>	<b>37 0</b>	<b>0 0</b>	<b>33 7</b>	<b>16 5</b>	<b>9 1</b>
<b>IUD</b>	<b>12 2</b>	<b>16 7</b>	<b>27 5</b>	<b>0 3</b>	<b>22 7</b>	<b>11 0</b>
Other Modern	5 8	7 7	3 7	8 3	16 7	1 6
Withdrawal	6 1	7 9	5 0	10 2	3 2	7 4
Calendar	6 2	11 4	5 3	6 3	5 0	5 2
Douching	2 9	2 4	2 6	2 3	1 8	13 6
None	1 5	1 6	0 7	1 0	0 6	2 3
Don't Know	27 5	14 8	4 0	6 9	1 5	16 4
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>1,553</b>	<b>627</b>	<b>308</b>	<b>257</b>	<b>162</b>	<b>163</b>
<b>MALES</b>						
<b>Pills</b>	<b>21 8</b>	<b>33 1</b>	<b>0 0</b>	<b>27 5</b>	<b>12 1</b>	<b>5 9</b>
<b>Condom</b>	<b>18 3</b>	<b>0 0</b>	<b>84 9</b>	<b>49 0</b>	<b>29 8</b>	<b>70 3</b>
<b>Withdrawal</b>	<b>16 5</b>	<b>25 6</b>	<b>2 7</b>	<b>13 2</b>	<b>1 8</b>	<b>3 4</b>
Other Modern	6 0	4 4	6 1	4 9	45 4	1 1
IUD	5 6	7 1	4 5	0 0	9 3	3 9
Calendar	5 4	8 1	1 2	5 4	1 0	3 1
Douching	1 1	1 5	0 0	0 0	0 0	2 8
None	1 8	1 5	0 5	0 0	0 0	2 4
Don't Know	23 5	11 6	0 0	0 0	0 6	7 3
<b>Total</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>	<b>100 0</b>
<b>Unweighted No of Cases</b>	<b>1,784</b>	<b>198</b>	<b>1,240</b>	<b>55</b>	<b>105</b>	<b>166</b>
*/ Includes 36 females and 20 males who cited as best method either douching or no method						

Table 8 1 4 shows beliefs about the second best method to prevent pregnancy. Again, beliefs that the second best option to prevent pregnancy is to use a modern method prevailed among either women or men. As might be expected, these beliefs were stronger among those who named a modern method as the first best method of contraception. Furthermore, the opinions about the best modern method influenced the choice of the second best method. Among women who chose condoms as the best method, 37% ranked the pill as the second best method but an additional 19% said a traditional method would be the second best method. Among men who said condoms are the best, the likelihood to rank traditional contraception as the second best way to prevent pregnancy equaled that of naming pills as the best method (33%).

Among women, opinions which favored pills as best contraceptives, were associated with higher likelihood to opt for condoms or IUD as the second best method (51% and 28%, respectively), whereas beliefs that the IUD is the most effective method were associated with approximately equal probability to opt for pills as the second best method. Among men, beliefs that pills were the best method triggered almost always the selection of condoms as the second best method (85%), whereas those which credited the IUD as the best method were followed by strong preferences for condoms (49%) but also for pills (28%).

## 8 2 Opinions About Condoms

According to the YARHS, significant proportions of young women have incorrect perceptions about condoms effectiveness in preventing pregnancy (see Table 8 2 1A) or protecting against STDs (see Table 8 2 2A). Overall, 12% of young females believed that condoms are not very effective, 6% said they are not at all effective, and 22% had not enough knowledge to assess the efficacy of condoms for preventing pregnancy. Furthermore, 12% did not think that condoms are effective in preventing STDs and 10% did not know whether are effective or not. Rural residence, very young age (15-17 years), primary education, and low socioeconomic status, and lack of experience with condoms, were inversely related with the beliefs that condoms are very effective or somewhat effective for preventing pregnancy and protecting against STDs. As may be expected, the perceived effectiveness of condoms in preventing pregnancy and STDs was the highest among women who have ever used a condom (over 80%).

Young men, however, were much more likely than females to know that condom use is an effective method for preventing pregnancy (Table 8 2 1B) and protecting against STDs (Table 8 2 2B). Equally high proportions of males believed that properly used condoms could effectively prevent pregnancy and STDs (79% and 78%) whereas about 10% were not able to give an answer on either questions about how effective condoms are for protecting against pregnancy and STDs. These beliefs were less stronger among the same subgroups as in the female sample. Again, the highest levels of perceived effectiveness were reported by males who have ever used condoms (over 90%).

**TABLE 8 2 1A**  
**Beliefs About the Efficacy of Condoms for Preventing Pregnancy**  
**By Selected Characteristics --Women 15-24 Years of Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

	How Effective is a Properly Used Condom for Preventing A Woman from Becoming Pregnant?					Unweighted	
	<u>Very Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Not at all Effective</u>	<u>Don't Know/ Not Sure</u>	<u>Total</u>	<u>No. of Cases</u>
<b>Total</b>	<b>19 8</b>	<b>34 6</b>	<b>13 7</b>	<b>9 9</b>	<b>22 0</b>	<b>100 0</b>	<b>2,025</b>
<b>Residence</b>							
Urban	24 8	38 2	16 4	8 9	11 6	100 0	983
Rural	13 4	29 9	10 3	11 0	35 3	100 0	1,042
<b>Age Group</b>							
15-17	14 4	32 4	13 4	13 4	26 6	100 0	738
18-19	26 1	33 1	12 7	9 3	18 8	100 0	501
23-24	20 6	36 6	14 4	7 9	20 5	100 0	786
<b>Current Marital Status</b>							
Married/In Union	17 1	33 3	14 5	8 5	26 7	100 0	570
Not Married	21 4	35 3	13 3	10 6	19 4	100 0	1,455
<b>Education</b>							
Primary	8 3	20 5	11 8	12 0	47 5	100 0	460
Some High School (HS)	17 0	37 2	13 8	10 7	21 4	100 0	917
HS Complete or More	29 9	39 5	14 8	7 7	8 3	100 0	648
<b>Socioeconomic Index</b>							
Low	13 1	28 2	11 7	10 7	36 3	100 0	917
Middle	24 5	38 9	14 6	9 1	13 0	100 0	876
High	26 0	40 5	17 4	9 9	6 2	100 0	232
<b>Condom Experience</b>							
Used for Contraception	39 3	46 0	9 5	3 8	1 5	100 0	132
Used for STDs Protection	*	*	*	*	*	100 0	5
Used for Both Reasons	42 4	38 1	14 5	5 0	0 0	100 0	101
Never Used	16 2	33 1	14 0	10 9	25 8	100 0	1,787
*/ Less than 25 respondents							

**TABLE 8 2 2A**  
**Beliefs About the Efficacy of Condoms for Protection Against STDs**  
**By Selected Characteristics --Women 15-24 Years of Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

	How Effective is a Properly Used Condom in Protecting Against STDs?					<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Very Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Not at all Effective</u>	<u>Don't Know/ Not Sure</u>		
<b>Total</b>	<b>23 8</b>	<b>36 5</b>	<b>11 7</b>	<b>5 5</b>	<b>22 5</b>	<b>100 0</b>	<b>2,025</b>
<b>Residence</b>							
Urban	30 8	38 3	13 6	5 1	12 1	100 0	983
Rural	14 8	34 3	9 1	6 1	35 8	100 0	1,042
<b>Age Group</b>							
15-17	14 9	34 8	14 1	6 9	29 4	100 0	738
18-19	28 1	34 3	11 3	6 8	19 6	100 0	501
23-24	27 5	38 6	10 3	4 1	19 5	100 0	786
<b>Current Marital Status</b>							
Married/In Union	23 1	34 8	10 8	5 8	25 5	100 0	570
Not Married	24 2	37 5	12 1	5 4	20 8	100 0	1,455
<b>Education</b>							
Primary	7 4	23 4	11 9	6 2	51 1	100 0	460
Some High School (HS)	19 9	38 7	13 3	6 3	21 7	100 0	917
HS Complete or More	37 8	41 3	9 4	4 3	7 1	100 0	648
<b>Socioeconomic Index</b>							
Low	15 0	31 8	9 8	5 4	38 1	100 0	917
Middle	29 4	40 0	12 8	5 6	12 2	100 0	876
High	4 1	4 9	1 7	0 7	0 9	100 0	232
<b>Condom Experience</b>							
Used for Contraception	41 8	44 6	7 6	3 6	2 3	100 0	132
Used for STDs Protection	*	*	*	*	*	100 0	5
Used for Both Reasons	50 1	36 3	10 6	0 0	3 0	100 0	101
Never Used	20 0	35 7	12 1	6 1	26 0	100 0	1,787
*/ Less than 25 respondents							

**TABLE 8 2 1B**  
**Beliefs About the Efficacy of Condoms for Preventing Pregnancy**  
**By Selected Characteristics --Men 15-24 Years of Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

	How Effective is a Properly Used Condom for Preventing A Woman from Becoming Pregnant?					Total	Unweighted No. of Cases
	<u>Very Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Not at all Effective</u>	<u>Don't Know/ Not Sure</u>		
<b>Total</b>	<b>43 6</b>	<b>35 1</b>	<b>7 8</b>	<b>4 5</b>	<b>9 1</b>	<b>100 0</b>	<b>2,047</b>
<b>Residence</b>							
Urban	46 1	37 3	8 3	3 0	5 3	100 0	1,075
Rural	40 5	32 4	7 2	6 2	13 7	100 0	972
<b>Age Group</b>							
15-17	39 5	32 0	9 7	3 9	15 0	100 0	805
18-19	41 1	40 3	7 2	4 1	7 4	100 0	517
23-24	47 3	34 9	6 9	5 0	6 0	100 0	725
<b>Current Marital Status</b>							
Married/In Union	48 3	35 6	3 4	4 4	8 4	100 0	156
Not Married	42 7	35 0	8 6	4 5	9 2	100 0	1 891
<b>Education</b>							
Primary	30 5	29 9	8 8	5 8	25 0	100 0	473
Some High School (HS)	45 6	35 8	7 6	4 8	6 2	100 0	1,065
HS Complete or More	49 8	37 7	7 5	2 7	2 3	100 0	509
<b>Socioeconomic Index</b>							
Low	37 3	33 1	6 7	7 1	15 9	100 0	786
Middle	46 1	36 3	8 7	3 4	5 5	100 0	943
High	52 0	36 3	8 1	1 0	2 6	100 0	318
<b>Condom Experience</b>							
Used for Contraception	53 2	36 9	5 5	2 5	1 9	100 0	148
Used for STDs Protection	52 7	38 2	5 3	3 8	0 0	100 0	92
Used for Both Reasons	54 5	37 0	5 8	2 4	0 2	100 0	543
Never Used	35 8	33 5	9 4	5 8	15 5	100 0	1,264

**TABLE 8 2 2B**  
**Beliefs About the Efficacy of Condoms for Protection Against STDs**  
**By Selected Characteristics --Men 15-24 Years of Age**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

	How Effective is a Properly Used Condom in Protecting Against STDs?					<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Very Effective</u>	<u>Somewhat Effective</u>	<u>Not Very Effective</u>	<u>Not at all Effective</u>	<u>Don't Know/ Not Sure</u>		
<b>Total</b>	45 3	32 9	9 3	2 9	9 7	100 0	2,047
<b>Residence</b>							
Urban	48 7	35 8	8 3	2 0	5 1	100 0	1,075
Rural	41 1	29 4	10 5	3 9	15 2	100 0	972
<b>Age Group</b>							
15-17	37 5	34 5	9 5	2 7	15 8	100 0	805
18-19	44 1	37 1	8 5	3 0	7 3	100 0	517
23-24	50 8	30 2	9 5	2 9	6 7	100 0	725
<b>Current Marital Status</b>							
Married/In Union	46 9	32 8	7 9	3 4	9 0	100 0	156
Not Married	45 0	33 0	9 6	2 7	9 8	100 0	1,891
<b>Education</b>							
Primary	28 9	29 6	10 6	3 9	27 1	100 0	473
Some High School (HS)	46 7	34 6	9 0	3 2	6 5	100 0	1,065
HS Complete or More	55 0	32 4	8 9	1 4	2 3	100 0	509
<b>Socioeconomic Index</b>							
Low	37 5	31 6	9 3	3 9	17 6	100 0	786
Middle	48 1	33 4	10 2	2 6	5 7	100 0	943
High	56 2	34 7	6 6	1 0	1 5	100 0	318
<b>Condom Experience</b>							
Used for Contraception	52 1	31 3	12 0	1 7	3 0	100 0	148
Used for STDs Protection	64 0	26 4	6 3	2 3	1 1	100 0	92
Used for Both Reasons	60 7	30 6	7 3	0 6	0 8	100 0	543
Never Used	34 7	34 9	10 2	4 2	16 0	100 0	1,264

**TABLE 8 2 3A**  
**Beliefs About Condoms and Condoms Use Among Women 15-24 Years of Age**  
**By Condoms Experience**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

Statements About Condoms	Ever Users			Never Users		
	<u>Agree</u>	<u>Disagree</u>	<u>Don't Know</u>	<u>Agree</u>	<u>Disagree</u>	<u>Don't Know</u>
Condoms Reduce the Sexual Pleasure	46 3	51 6	2 1	14 8	13 3	71 9
Condoms Are Messy to Use	42 8	55 5	1 7	15 4	13 0	71 6
Condoms Require One's Partner to Have Self Control	47 0	45 0	8 0	21 1	9 7	69 1
One Can Use a Condom More than Once	0 6	99 4	0 0	1 6	78 4	20 0
People Who Use Condoms Sleep Around a Lot	11 1	72 7	16 2	15 9	41 7	42 4
It Is Embarrassing to Buy Condoms in Pharmacy or Store	21 9	75 8	2 3	26 2	56 8	17 0
It Is Embarrassing to Ask for Condoms in FP Clinics	12 7	84 3	3 0	20 1	61 4	18 5
Most Women Don't Like to Use Condoms	61 4	19 6	19 0	34 1	9 5	56 4
Most Men Don't Like to Use Condoms	61 2	18 6	20 2	35 2	8 5	56 4
Using Condoms with a New Partner Is a Good Idea	95 6	1 2	3 2	66 3	5 9	27 8
If You Know Your Partner Is Not Necessary to Use Condoms	43 0	54 7	2 3	29 1	41 5	29 4
Women Should Ask Their Partners to Use Condoms	81 1	13 3	5 7	51 4	15 9	32 7
It is Easy to Discuss Condom Use with a Prospective Partner	65 3	24 4	10 3	29 6	30 0	40 4

In addition to perceived effectiveness of condoms, other attitudes and beliefs appear to be associated with condom use among young adults (see Table 8 2 3A and 8 2 3B). These associations were explored by asking young adults, regardless of their sexual experience or condom experience, whether they agree or disagree with selected statements about condoms. These correlations should be interpreted bearing in mind that substantial proportions of young adults who have never used condoms, had no opinion about certain statements, whereas virtually all young adults with condom experience could give an answer. For example, ever users, regardless of their gender, appear to be more likely than never users to believe that "condom (use) reduce the sexual pleasure" or that "condoms are messy to use". However, if those who



could not give an answer were excluded--over 50% of females and 72% of males who have never used condoms--the ever users were slightly less likely than never users to agree with these statements

Similarly, perceptions that using condoms "requires one's partner to have self control", were less prevalent among users than never users after excluding women and men who had no opinion about this statement

**TABLE 8 2 3B**  
**Beliefs About Condoms and Condom Use Among Men 15-24 Years of Age**  
**By Condom Experience**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

Statements About Condoms	Ever Users			Never Users		
	<u>Agree</u>	<u>Disagree</u>	<u>Don't Know</u>	<u>Agree</u>	<u>Disagree</u>	<u>Don't Know</u>
Condoms Reduce Sexual Pleasure	60 0	38 8	1 2	34 6	13 5	51 9
Condoms Are Messy to Use	50 4	48 5	1 1	30 4	15 5	54 2
Condoms Require One's Partner to Have Self Control	38 3	59 5	2 2	31 8	21 5	46 7
One Can Use a Condom More than Once	1 8	97 9	0 3	4 2	84 8	11 0
People Who Use Condoms Sleep Around a Lot	14 1	79 9	6 0	21 1	50 9	28 0
It Is Embarrassing to Buy Condoms in a Pharmacy or Store	10 5	89 5	0 0	24 0	64 7	11 3
It Is Embarrassing to Ask for Condoms in FP Clinics	11 3	87 9	0 9	24 9	62 7	12 4
Most Women Don't Like to Use Condoms	60 3	18 4	21 3	36 3	10 9	52 9
Most Men Don't Like to Use Condoms	79 4	9 9	10 7	51 0	9 8	39 2
Using Condoms with a New Partner Is a Good Idea	97 3	2 1	0 6	77 1	7 3	15 5
If You Know Your Partner Is Not Necessary to Use Condoms	56 1	38 6	5 3	54 2	26 1	19 7
Women Should Ask Their Partners to Use Condoms	75 5	19 4	5 1	57 3	18 9	23 8
It is Easy to Discuss Condom Use with a Prospective Partner	73 8	20 3	5 9	41 1	32 8	26 1

Questions asked to explore the relationship between embarrassment in purchasing or obtaining condoms from clinics and condom use, showed that users were less likely than never users to believe that “it is embarrassing to buy condoms in a pharmacy or store” or “to ask for condoms in a family planning clinic”

It is worth noting that the majority of young females or males, regardless of their condom experience, did not agree that condoms could be reused. Few women and men believed that “people who use condoms sleep around a lot” and those who have ever used condoms were the least likely to say so.

Questions which explored perceptions about the social acceptance of condoms among women and men showed also--after those with no opinion were excluded--that users were less likely to believe that most women and men “don’t like to use condoms”. Virtually all users and nonusers who vouched an opinion, agreed that “using condom with a new partner is a good idea”. Apparently, women were more willing than men to approve that “if you know your partner is not necessary to use condoms”, regardless of their condom experience.

**Table 8 2 4**  
**Attitudes Regarding Interpersonal Impact of Condom Use**  
**By Condom Experience and Gender**  
**Young Adult Reproductive Health Survey ROMANIA, 1996**

How Would the Respondents Feel If Their Partners Wanted to Use a Condom When Having Sex	Females			Males		
	<u>Total</u>	<u>Ever Users</u>	<u>Never Users</u>	<u>Total</u>	<u>Ever Users</u>	<u>Never Users</u>
Embarrassed	13 0	11 9	13 2	**	**	**
Angry	9 2	3 8	10 2	9 3	9 2	9 4
Safe From Getting (Somebody) Pregnant	43 6	97 1	34 0	59 9	92 7	35 1
Safe From Getting HIV	43 3	96 4	33 8	59 5	91 3	35 5
Safe From Getting STDs	42 6	97 1	32 8	60 6	93 9	35 5
Like You Had Done Something Wrong	6 7	3 9	7 2	3 5	3 8	3 3
<b>Unweighted No. of Cases</b>	<b>2,025</b>	<b>238</b>	<b>1,787</b>	<b>2,047</b>	<b>783</b>	<b>1,264</b>

\*\* This question was not answered by male respondents

Beliefs that women “should ask their partners to use condoms” and that “it is easy to discuss condom use with prospective partners” were positively correlated with condom use. Young adults who have ever used condoms were more likely to agree with these statements than nonusers. As may be expected, women—regardless of their condom experience, were more likely than men to agree that women should ask their partners to use condoms and less likely to believe that it is easy to talk about condoms with prospective partners.

Many young adults, especially those who have ever used condoms, predicted positive feelings (i.e., feeling of being protected from pregnancy and STDs, including AIDS) if their partners would want to use condoms (see Table 8.2.4). Very few would have negative perceptions about partners’ desire to use condoms, such as embarrassment (13%), anger (9%) or guilt (7%).

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