

Reproductive Health Survey Romania, 1999



ARSPMS

Final Report

REPRODUCTIVE HEALTH SURVEY ROMANIA, 1999

FINAL REPORT

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Preface

During the early 1990s Romania was faced with the reproductive health consequences of an aberrant pronatalist policy enforced for several decades by the Ceausescu's regime. Health policy makers tried to rapidly respond to these consequences by adopting new health strategies to reduce maternal and infant mortality. These strategies included development of the first national family planning program; introduction of new technologies in neonatal and maternal health services; implementation of active measurements to control the HIV/AIDS epidemic; and development of social programs for abandoned, institutionalized, and drug-using children and for domestic violence.

Such a rapidly changing array of critical reproductive health issues could not have been documented and addressed with only the help of vital records. More information was needed to assess the reproductive health status of the Romanian 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 women's reproductive health (93RRHS). The survey was designed to provide the Ministry of Health, international agencies, and nongovernmental organizations active in women's and children's health with essential information on fertility, women's reproductive practices, maternal care, maternal and child mortality, health behaviors, and attitudes toward selected reproductive health issues. The 93RRHS was instrumental in developing, evaluating, and fine-tuning the national family planning program and other reproductive health policies.

In 1996, a representative sample survey of women and men aged 15-24 was implemented to document young adult's sex education, attitudes, sexual behavior and use of contraception. Such survey had never before been carried out in Eastern Europe. Survey results were used to plan effective information campaigns, policies and programs targeting young people, and to monitor and evaluate the impact of programs already in place.

In 1999, a new nationwide reproductive health survey was designed and implemented in Romania (99RRHS) using the same methodology to allow for the study of reproductive health trends among the women aged 15-44 and to document the reproductive health of men aged 15-49. The surveys employed two separate probability samples to allow independent estimates for males and females. This final report improves the already impressive contribution of the previous two studies because: a) documents reproductive health aspects among both women and men of reproductive age (men were selected from different households than women); and b) by oversampling three target

judet (Constanta, Iasi and Cluj) documents the impact of region-wide interventions, implemented with USAID support, that consists of the establishment of modern women's health clinics, training of health professionals, development of IEC messages, social marketing, and provision of high-quality contraceptive supplies.

In conclusion, the results of these large nationwide cross-sectional studies implemented in 1993 (sample size of 4,861 women aged 15-44), 1996 (sample size of 2025 women and 2047 men aged 15-24), and 1999 (sample size of 6,888 women aged 15-44 and 2,434 men aged 15-49), allow for generalizing the results to the entire reproductive age population of Romania. Although the surveys did not interview the same households, by applying similar questionnaires, the same sampling and field work methodology, they allow for a) a longitudinal examination of reproductive health issues among women, b) a detailed image of specific aspects of reproductive and sexual behaviors among men and c) a programmatic evaluation of reproductive health services in three regions.

The results presented in this report should inspire as to several reflections: the impact of consensual unions on reproductive and contraceptive behaviors, the levels of induced abortion as an indication of failed family planning efforts, the role of pregnancy intervals and pregnancy intendedness in achieving the desired family size, the reproductive health differentials among various subgroups, particularly the differences between urban and rural population, the need for integrated family planning services and personnel training.

I cannot end this preface without thanking the organizations and individuals who help design, implement and analyze this study—the Division of Reproductive Health of the Centers for Disease Control and Prevention (DRH/CDC)—to provide funding—the United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF)—and to carry out the field work activities—the Romanian Association of Public Health and Health Management (ARSPMS).



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We wish to thank the 6,888 women and 2,434 men who made such a major contribution to our knowledge on women's and men's reproductive health in Romania by their participation in the 99RRHS. We thank our dedicated interviewers and supervisors for their commitment and discipline.

Many thanks are extended to the survey headquarters team—Prof. Dr. Dan Enachescu, Scientific Survey Director, Aurora Dragomiristeanu and Mona Marin, Executive Survey Directors, and Silvia Florescu, Project Manager, Lucia Branga and Bogdan Barta, Field Work Coordinators, Dr. Carmen Cruceanu, Training Consultant, Doina Apostol, Data Entry Supervisor, Victor Dinculescu, President of the National Commission for Statistics (NCS), Radu Halus, Senior Advisor or NCS, Doina Gheorghe, Sampling Consultant. We also appreciate Dr. Mihai Horga, Director, Department of Woman's and Child Care of the Romanian Ministry of Health, who reviewed several chapters of the report. Also, many thanks to Adriana Galan and Gabriela Scintee for their assistance in preparing the Romanian translation and to Rose Pecorraro, DRH/CDC Graphics, for her contribution to the cover design.

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CHAPTER I

INTRODUCTION

The status of women's health in Romania is strongly influenced by cultural, historical and socioeconomic factors. The pronatalist policies of the Ceausescu regime (1964-1989) had a particularly profound impact on women and their reproductive health. During that period, among European countries Romania had one of the highest rates of infant mortality and the highest maternal mortality rate, over 80% of which was attributable to unsafe abortion. In 1989, similar to other former communist countries in Eastern Europe, Romania experienced a major change in government and entered a long period of transition in which major reforms of different sectors have been planned and carried out.

During the early 1990s Romania experienced major socioeconomic and political changes, including access to legal abortion services and contraception. Because use of modern contraceptives has remained low, abortion has played a considerably larger role than contraception in fertility control. Induced abortion reached unprecedented high rates in the early 1990s, surpassing the abortion estimates reported by any other country in the region, including those reported from Russia. In 1996, Romania continued to report the highest rates of abortion in Europe and twice as many abortions as live births among women aged 15 to 44. Despite the progress made during the last decade, the legacy of the past, compounded by the present lack of resources, continues to place Romania far behind other European countries in family planning and reproductive health services.

However, many changes have occurred in Romania since the 93RRHS was conducted, including expansion of public and private family planning services and dissemination of educational materials. In 2000, contraceptive consultations were for the first time included on the list of activities financed by the health insurance system, and contraceptives were procured using government funds and distributed throughout the network of family planning clinics. A new system of dispensing these contraceptives was put in place, allowing several categories of disadvantaged women to have access to free contraceptives and, in the same time, creating a revolving fund for contraceptive procurement at local levels.

Since 1991, US AID has worked with the Romanian government, other international agencies, and local NGOs to increase access to family planning. Most of the work focused on designing client-centered family planning and reproductive health policies and programs, training physicians and other medical professionals, organizing public information campaigns, and developing a nationwide system for delivery of contraceptive supplies. As a direct result of these and other efforts

by USAID, the unmet need for family planning services among Romanian couples has gradually declined.

A nationwide reproductive health survey conducted in Romania in 1993 (93RRHS), the first survey of reproductive age women since the 1978 World Fertility Survey, showed that the use of modern contraceptives was very low and reliance on traditional methods, which are prone to high failure rates and subsequent unintended pregnancies, was high. Women reported frequent use of traditional methods (withdrawal, calendar), high rates of abortion, general lack of awareness and poor quality of information about reproductive health issues, and a high level of mistrust of some modern contraception methods. However, many changes have occurred in Romania since the 93RRHS was conducted, including dissemination of educational materials and expansion of public and private family planning services. To assess the impact of new programs and provide planning data for upcoming women's reproductive health projects and information, education, and communication campaigns, the United States Agency For International Development (USAID) and other international donors sponsored two additional national reproductive health surveys in Romania: a Young Adult Reproductive Health Survey conducted in 1996 (96YARHS) and the 1999 Romanian Reproductive Health Survey (99RRHS); both are similar to the 93RRHS in design and content, but they also include a sample of men.

These surveys were specifically designed to meet the following objectives:

- to assess the current situation in Romania concerning fertility, abortion, contraception and various other reproductive health issues;
- to enable policy makers, program managers, and researchers to evaluate and improve existing programs and to develop new strategies (a good example is use of 96YARHS data to provide data needed to develop sex education and health promotion programs);
- to measure changes in fertility and contraceptive prevalence rates and study factors that affect these changes, such as geographic and socio-demographic factors, breast-feeding patterns, use of induced abortion, and availability of family planning services;
- to measure the impact of public and private sector services over the past 6 years.
- to obtain data about knowledge, attitudes, and behavior of young adults 15-24 years of age;
- to provide data on the level of knowledge about transmission and prevention of AIDS;
- to identify high-risk groups and focus additional reproductive health studies toward them.

In addition, the 99RRHS provides *judet* (county)-specific information for three USAID priority judets, Cluj, Constanta, and Iasi, which were oversampled to provide baseline data for project activities in these areas. In all three surveys, the questionnaire covered a broad array of reproductive health topics, including a pregnancy history, abortion, childbearing, contraceptive use, maternal and child health, health behaviors and attitudes. These surveys had a similar design and methodology; however, in 1996 and 1999, the surveys employed two separate probability samples to allow independent estimates for males and females. The interviews were conducted by trained interviewers in a face-to-face manner at the homes of randomly selected respondents; households were selected by a multi-stage cluster design using Census enumeration districts as the sampling frame. In all three instances response rates among women were high: 92% in 1993, 93% in 1996, and 90% in 1999. The response rate was slightly lower for male respondents (87%).

The Division of Reproductive Health (DRH), Centers for Disease Control and Prevention (CDC), Atlanta, Georgia was responsible for coordinating survey activities for all three surveys and provided technical assistance to the Romanian counterpart. For the 99RRHS, the Romanian Association of Public Health and Health Management (ARSPMS) was the counterpart.

CHAPTER II

METHODOLOGY

2.1 Sampling Design

The 99RRHS was designed to collect information from a representative sample of women and men of reproductive age throughout Romania. Respondents were selected from the universe of all females aged 15-44 years and all males aged 15-49 years, regardless of marital status, who were living in Romania when the survey was conducted. The desired sample for females was 6,500, including an oversample of women in the three US AID priority judets (Cluj, Constanta, and Iasi). The desired sample size for males was 2,500. The female and male samples were selected independently.

The survey used a three-stage sampling design, which allows independent estimates for the female and male samples. An updated master sampling frame (EMZOT), based on the 1992 census enumeration areas, was used as the sampling frame (National Commission for Statistics, 1996). The EMZOT master sample represents 3% of the population in each judet. In the female sample, the US AID priority judets were oversampled in both urban and rural areas to allow for independent estimates with adequate precision for women's health behaviors in these judets.

Except for the three oversampled judets (in which all available census sectors in the sample were retained), the first stage of the sample design was a selection of census sectors with probability proportional to the number of households recorded in the EMZOT. This step was accomplished by using a systematic sample with a random start for the female sample. A 50% subsample of the census sectors selected in the female sample (not including the oversample in the priority judets) constituted the first stage of the male sample. Thus, the first-stage selection included 317 sectors for the female sample and 128 sectors for the male sample. In the second stage of sampling, clusters of households were randomly selected in each census sector chosen in the first stage (separate households were selected for the female and male samples). Finally, in each of the households in the female sample, one woman aged 15—44 years was selected at random for interviewing and in the male sample one man aged 15-49 years was randomly selected in each household.

Because only one woman was selected from each household with women of reproductive age, and one male was selected from households with men of reproductive age, all results have been weighted to compensate for the fact that some households included more than one eligible female or male respondent. Survey results were also weighted to adjust for oversampling of households in the three US AID priority judets, and two more weights were added to adjust for non-response and

for urban-rural distribution of the population (see below). Except for [Tables 2.1A](#) and [2. 1B](#), all tables in this report present weighted results. Table 2.2, however, presents results weighted only for oversampling of households in the pilot judets and for selection of a single respondent per household. All other results were also adjusted for non-response and for unequal urban-rural distribution. The unweighted number of cases, used for variance estimation, are shown in each table.

Cluster size was determined based on the number of households required to obtain an average of 20 completed interviews per cluster. The number of households in each cluster took into account estimates of unoccupied households, average number of women aged 15-44 per household (men aged 15-49 for the male sample), the interview of only one respondent per household, and an estimated response rate of 90% in urban areas and 92% in rural areas for women and of 85% overall for men. Cluster size was determined to be 51 households in urban areas and 59 households in rural areas for the female sample and 49 and 55 households, respectively, for the male sample.

2.2 Data Collection

Data collection for the 99RRHS was carried out by 30 female interviewers for the women's sample and 10 male interviewers for the male sample, most of whom had experience conducting interviews in other household surveys, including the two previous national reproductive health surveys. Fieldwork was managed by staff of the Romanian Association of Public Health and Management (ARSPMS). Interviewer training was managed by the ARSPMS, with the involvement of Prof. Dan Enachescu and Dr. Aurora Dragomiristeanu, ARSPMS survey directors; Dr. Silvia Florescu and Dr. Mona Marin, ARSPMS survey deputy directors; Dr. Carmen Cruceanu, training expert; and the Centers for Disease Control and Prevention team (Dr. Fiorina Serbanescu, medical epidemiologist; Dr. Leo Morris, demographer; and Jay Friedman, program analyst) who had also provided technical assistance in the other two Romanian reproductive health surveys. Interviewer training took place at the ARSPMS headquarters just before data collection began and consisted of one week of classroom training in fieldwork procedures and proper administration of the questionnaire, and one week of practical training in the field with close monitoring by the trainers. At the end of training, six female teams and two male teams were selected, each consisting of four interviewers and one supervisor. The overall fieldwork implementation was supervised by two fieldwork coordinators (Lucia Branga and Dr. Barta Bogdan). Fieldwork lasted from July through October 1999. Each team was assigned to visit a number of census sectors in all regions of the country. Interviews were conducted at the homes of respondents and lasted an average of 60 minutes for women and 32 minutes for men. Completed questionnaires were reviewed in the field by team supervisors, then taken by the fieldwork coordinators to the Romania's National Commission of Statistics (CNS) headquarters for data processing.

2.3 Response Rates

Of the 17,349 households selected in the female sample and 6,310 households selected in the male sample, 7,645 and 2,812 included at least one eligible respondent (a woman aged 15-44 or a man aged 15-49). Of these, 6,888 women and 2,434 men were successfully interviewed, yielding response rates of 90% and 87%, respectively ([Tables 2.1 A](#) and [2.1B](#)). As many as four visits were placed to each household with eligible respondents who were not at home during the initial household approach.

TABLE 2.1A
Results of Household Visits and Interview Status of Eligible Women by Residence
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

Household Visits	Total	Residence		
		Bucharest*	Other Urban	Rural
Identified eligible women†	44.1	41.7	51.4	37.9
No eligible women	48.4	47.8	41.0	55.2
Unoccupied household	4.8	4.9	4.6	4.9
Resident(s) not at home	1.7	2.1	1.5	1.7
Household refusal	1.1	3.5	1.5	0.3
Total	100.0	100.0	100.0	100.0
No. of Households Visited	17,349	1,484	7,469	8,396
Eligible Women				
Completed interviews	90.1	86.3	90.5	90.4
Selected respondent absent	7.3	7.9	6.2	8.4
Selected respondent refused	2.0	5.3	2.7	0.4
Other‡	0.6	0.5	0.6	0.8
Total	100.0	100.0	100.0	100.0
No. of Eligible Women Identified	7,645	619	3,841	3,185
No. of Completed Interviews	6,888	534	3,474	2,880

* Includes 122 women residing in the mostly rural area surrounding Bucharest (Agricultural Sector Ilfov)

† Includes women aged 15-44 years who had complete or incomplete interviews, who were absent or handicapped, or who refused to be interviewed.

‡ Includes women with a handicap preventing them to be interviewed and women with incomplete interviews.

Almost all respondents who were selected to participate and who could be reached agreed to be interviewed. Only 2% of respondents (regardless of gender) refused to be interviewed, and 7% of women and 11% of men could not be located. Response rates were not significantly different by residence, except for Bucharest, where the participation rate was slightly lower. Even though the overall response rate was similar in urban and rural areas, eligible respondents in urban areas were somewhat more likely to refuse to be interviewed; in rural areas eligible respondents were more likely to not be found at home.

TABLE 2.1B
Results of Household Visits and Interview Status of Eligible Men by Residence
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

Household Visits	Total	Residence	
		Urban	Rural
Identified eligible men*	44.6	48.2	40.8
No eligible men	49.1	44.5	53.9
Unoccupied household	3.5	3.8	3.2
Resident(s) not at home	1.6	1.6	1.5
Household refusal	1.3	2.0	0.5
Total	100.0	100.0	100.0
No. of Households Visited	6,310	3,202	3,108
<u>Eligible Men</u>			
Completed interviews	86.6	87.2	85.7
Selected respondent absent	10.7	9.1	12.5
Selected respondent refused	1.9	2.9	0.8
Other**	0.9	0.8	1.0
Total	100.0	100.0	100.0
No. of Eligible Men Identified	2,812	1,543	1,269
No. of Completed Interviews	2,434	1,346	1,088

* Includes men aged 15–49 years who had complete or incomplete interviews, who were absent or handicapped, or who refused to be interviewed.

† Includes men with a handicap preventing them from being interviewed and men with incomplete interviews.

2.4 Sampling Weights

Because the sample design is not self-weighting, it was necessary to weight observations for data analysis. The initial two of four weights represented the differential selection of households in each judet and the selection of one eligible respondent per household.

The number of households in each judet selected in the survey was compared with the number of households per judet estimated in the 1998 census projections (National Commission for Statistics, 1999). The ratio between the estimate of all existent households and sample-selected households in each judet represents the judet-specific household expansion factor. This factor was later normalized so that the sum of the household weights was equal to the total number of households in the sample. The variation in this weight reflects variation in the selection probability of the households within each judet.

These two weights (judet-specific household weight and one-respondent selection weight) were used to compare demographic characteristics of respondents with completed interviews with the 1999 population projections for Romania by age group, sex, and place of residence ([Table 2.2](#)). The age distribution of the 99RRHS sample closely reflected that of the female population as a whole but overrepresented adolescent women (15-19 years old) and underrepresented women aged 25-29 years residing in urban areas. The age distribution of the male sample overrepresented adolescent men (15-19 years old) in urban areas and men 45-49 years of age in both urban and rural areas, whereas 20- to 24-year-old men in rural areas and 35- to 44-year-old men in urban areas were underrepresented (National Commission for Statistics, 1999). If percent distributions of the respondents in the two samples were calculated by urban-rural residence (not shown), both the female and male samples underrepresented the urban population of reproductive age according to the 1999 population projections estimated by CNS. Thus, an adjustment factor for non-response and a post-survey adjustment for the urban-rural distribution of the population were added to the two weights mentioned above.

The non-response adjustment weight was based on information gathered in the household questionnaire concerning background characteristics (residence, age, education and marital status) of those who refused to participate or who could not be found in up to four separate household visits. Because information on education and marital status was not available for a substantial number of potential respondents, non-response rates we calculated by taking into account only age, sex, and residence. The non-response weight was the ratio of the proportion of all respondents selected in the sample and grouped in sub-classes (composed of five-year age groups and residence for each sample) to the proportion of respondents in each sub-class who completed interviews.

The post-survey adjustment for the urban-rural distribution was based on the 1999 CNS projections of the Romanian population by sex, age, and residence (National Commission for

TABLE 2.2
Women and Men with Complete Interviews*
Compared with Official Estimates by Age Group
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Age Group</u>	<u>99RRHS (percent + 95% confidence interval)</u>						<u>1999 Official Estimates† (percent)</u>		
	<u>Total</u>		<u>Urban</u>		<u>Rural</u>		<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<u>Women</u>									
15–19	18.1	(1.1)	18.1	(1.5)	18.1	(1.8)	16.9	16.1	18.5
20–24	18.4	(1.1)	17.0	(1.5)	20.2	(1.8)	19.3	17.5	22.3
25–29	16.4	(1.1)	14.4	(1.4)	18.8	(1.8)	17.7	16.6	19.6
30–34	16.6	(1.1)	16.9	(1.5)	16.2	(1.7)	15.9	16.7	14.5
35–39	13.6	(1.0)	15.1	(1.4)	11.8	(1.5)	13.5	14.8	11.3
40–44	16.9	(1.1)	18.5	(1.5)	15.0	(1.6)	16.7	18.4	13.9
Total	100.0		100.0		100.0		100.0	100.0	100.0
	<u>Total</u>		<u>Urban</u>		<u>Rural</u>		<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<u>Men</u>									
15–19	18.3	(2.1)	20.4	(2.7)	15.5	(2.7)	15.0	15.0	14.9
20–24	15.1	(1.8)	15.4	(2.4)	14.7	(2.6)	17.2	15.9	19.0
25–29	14.1	(1.7)	12.9	(2.2)	15.6	(2.7)	15.3	13.6	17.8
30–34	13.0	(1.7)	12.5	(2.2)	13.7	(2.6)	13.9	13.7	14.2
35–39	10.1	(1.5)	8.6	(1.9)	12.0	(2.4)	11.6	12.1	10.9
40–44	11.0	(1.6)	11.7	(2.1)	10.1	(2.2)	14.0	15.6	11.7
45–49	18.5	(1.9)	18.5	(2.6)	18.5	(2.9)	13.1	14.1	11.5
Total	100.0		100.0		100.0		100.0	100.0	100.0

* Adjusted for oversampling in three judets and for interviewing only one eligible respondent per household.

† Official estimates at January 1999 provided by Romanian National Commission for Statistics (CNS)

Statistics, 1999). For each sub-class, the post-survey adjustment factor was the ratio of the known national value to the sample estimate of that value.

Thus, the final survey weight is the product of four weights: a household weight, a one-respondent-per-household weight, a non-response weight, and a post-stratification weight. Beginning with Table 3.2.1 A, all survey results are based on this final weight.

CHAPTER III

CHARACTERISTICS OF THE SAMPLE

3.1 Household Characteristics

Similar to the definition used in the 93RRHS and 96YARHS, a household was defined as a person or group of persons who shared the dwelling and the household expenses. Visitors were not counted in the household composition and were not included in the number of eligible respondents. After all eligible respondents in the household were listed, only one woman aged 15-44 years (in the female sample) or man aged 15-49 years (in the male sample) was randomly selected for the individual interview.

[Table 3.1.1](#) presents the percent distribution and average number of persons per household for households which contain at least one eligible respondent. Most of the households with eligible respondents (60% in the female sample, 64% in the male sample) had three or four persons.

TABLE 3.1.1
Size of Households with at Least One Eligible Respondent by Residence
Reproductive Health Survey: Romania, 1999

<u>Size of Household</u>	<u>Women</u>			<u>Men</u>		
	<u>Total</u>	<u>Residence</u>		<u>Total</u>	<u>Residence</u>	
		<u>Urban</u>	<u>Rural</u>		<u>Urban</u>	<u>Rural</u>
<u>No. of Persons per Household</u>						
<u>(Percent Distribution)</u>						
One	2.0	3.1	0.7	3.1	3.6	2.4
Two	10.3	13.4	6.6	14.1	15.9	11.9
Three	27.9	32.9	21.9	33.4	37.1	28.9
Four	32.2	34.1	29.9	30.8	31.6	29.9
Five	14.7	10.3	20.0	11.1	7.5	15.5
Six	7.7	3.7	12.5	4.9	2.5	7.9
Seven or more	5.2	2.5	8.4	2.6	1.8	3.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
<u>Average No. of Persons</u>	3.9	3.6	4.3	3.8	3.6	4.1
<u>Unweighted No. of Cases*</u>	7,639	4,355	3,284	2,810	1,538	1,272

* Excludes six households in the female sample and two households in the male sample whose number of inhabitants was unknown.

TABLE 3.1.2A
Households with Women Aged 15–44 Years That Had Basic Household Amenities and Goods
by Residence and Region
Reproductive Health Survey: Romania, 1999

	<u>Residence</u>			<u>Region</u>			
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallahia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Household Amenities</u>							
Electricity (24 hours)	99.1	99.6	98.3	99.4	99.2	99.4	98.2
Flush toilet	62.5	88.9	16.8	83.9	57.0	66.9	51.9
Telephone line	53.4	70.6	23.7	67.3	51.4	54.1	47.4
Central heat	51.4	77.3	6.4	69.0	44.0	55.3	47.3
<u>Household Goods</u>							
Television	95.3	97.6	91.1	98.3	96.6	93.9	93.2
Refrigerator	88.3	95.7	75.5	96.4	89.4	89.9	78.4
Vegetable garden, orchard, vineyard	54.1	32.7	91.3	26.1	59.1	55.3	59.9
Automobile	41.1	47.8	29.5	47.1	43.3	43.0	29.9
Video recorder	24.3	29.8	14.8	46.5	25.0	19.4	18.0
Recreational home (villa)	14.8	18.4	8.5	13.9	15.8	14.9	13.2
Cellular phone	13.7	17.9	6.2	28.3	11.4	13.0	10.2
<u>Percentage of Households with Crowded Conditions*</u>							
	68.6	69.0	67.9	64.7	67.0	70.0	71.4
<u>Unweighted Number of Cases</u>							
	6,888	3,914	2,974	534	2,537	2,328	1,489

* Total number of persons living in the household divided by total number of rooms in the house (not including kitchen and bathroom) was higher than one.

One- or two-person households (presumably childless couples) were not common (12% and 17%, respectively); these types of households are more frequent in urban areas (17% and 20%) than in rural areas (7% and 14%). In Bucharest one in five households with eligible respondents contained only one or two persons (data not shown). Overall, households with six or more persons were also uncommon; they were the least prevalent in urban areas (6%) and the most prevalent in rural areas (21%).

A typical household containing an eligible respondent was composed of almost four persons. Households in urban areas contained fewer persons (3.6 per household) than did rural households (4.3 per household). The larger household size in rural areas can be partially explained by higher fertility levels (see Chapter TV). The mean household size was lowest in Bucharest (data not shown), where a higher proportion of women or men of reproductive age lived in single households and

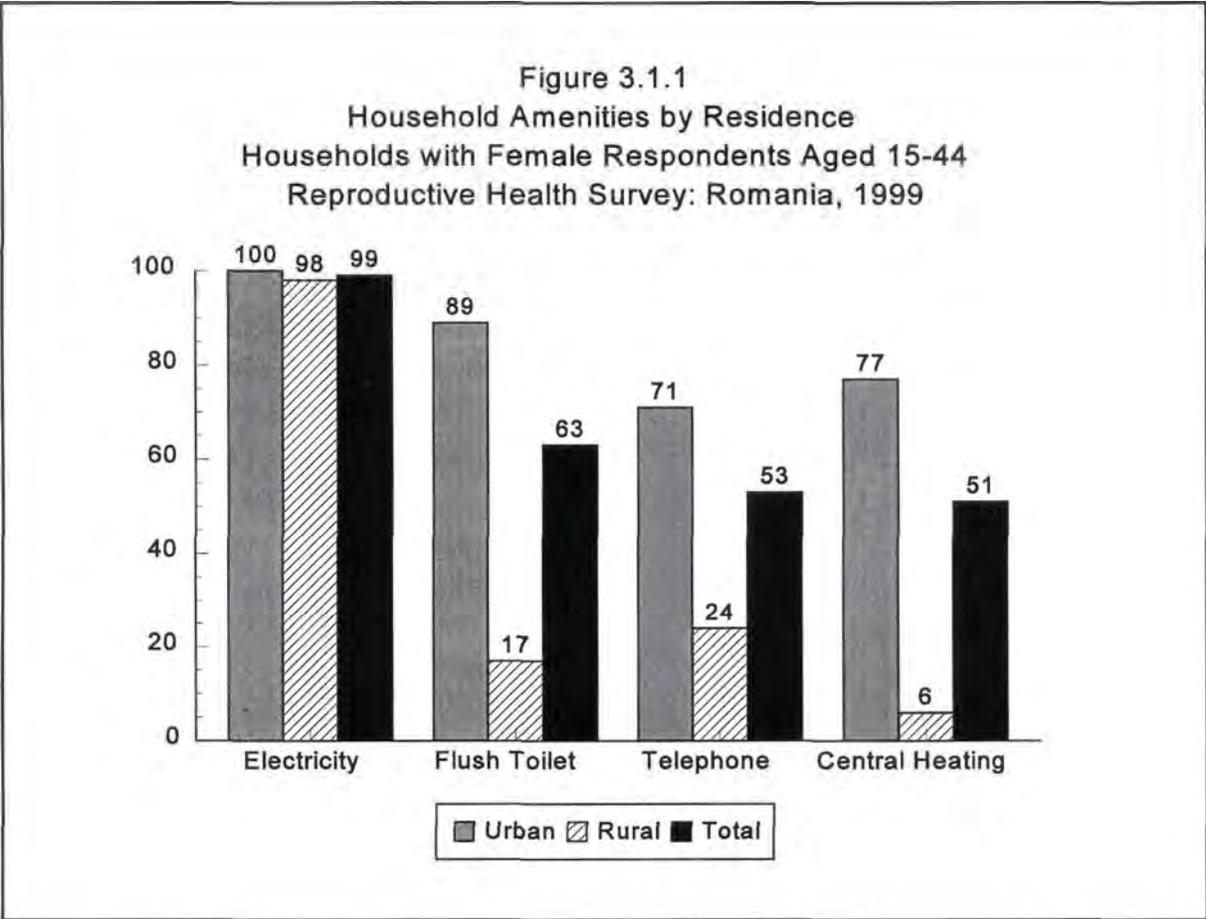
TABLE 3.1.2B
Households with Men Aged 15–49 Years That Had Basic Household Amenities and Goods
by Residence and Region
Reproductive Health Survey: Romania, 1999

	<u>Residence</u>			<u>Region</u>			
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallahia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Household Amenities</u>							
Electricity (24 hours)	99.4	99.6	99.1	100.0	99.9	99.2	98.5
Flush toilet	62.0	91.0	20.1	77.4	57.2	67.1	53.1
Telephone line	54.2	71.6	29.2	65.0	48.0	60.0	49.4
Central heat	48.8	77.5	7.4	67.7	43.2	50.3	46.1
<u>Household Goods</u>							
Television	96.0	98.1	92.9	99.4	96.3	96.0	93.7
Refrigerator	90.1	96.6	80.8	96.0	91.0	94.0	78.4
Vegetable garden, orchard, vineyard	50.3	25.2	86.4	23.6	54.7	51.0	55.0
Automobile	43.1	49.4	34.0	54.0	42.5	46.3	32.7
Video recorder	27.0	31.8	20.1	47.5	27.8	23.8	20.5
Recreational home (villa)	21.6	24.6	17.3	16.7	23.4	23.3	18.0
Cellular phone	13.1	16.9	7.6	29.2	10.3	13.4	9.2
<u>Percentage of Households with Crowded Conditions*</u>							
	60.4	64.0	55.2	62.1	55.5	61.2	66.8
Unweighted Number of Cases	2,434	1,342	1,092	223	839	940	432

* Total number of persons living in the household divided by total number of rooms in the house (not including kitchen and bathroom) was higher than one.

fertility was the lowest in the country (TFR=1.0 child per woman).

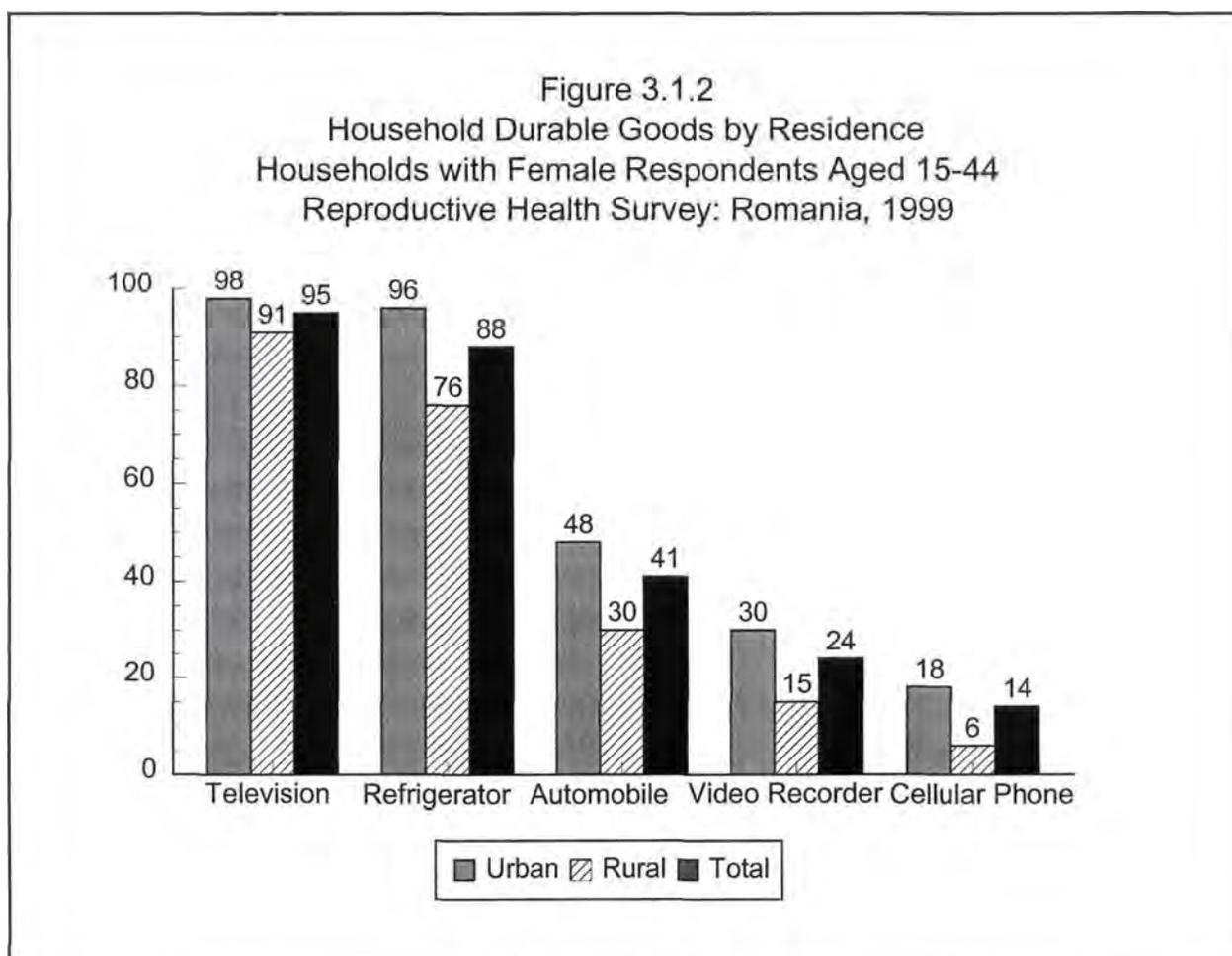
Socio-economic well-being is an important determinant of reproductive health status. The 99RRHS collected various information on household amenities (electricity, flush toilet, telephone line, and central heat) and ownership of various goods or properties (television, refrigerator, private car, video recorder, mobile phone, vacation home, and vegetable garden or orchard or vineyard). Response options to each of these items were "yes" and "no". In addition, information on the average number of hours of electricity per day and on household crowding were obtained for each respondent. Crowding was determined by the total number of persons living in the household divided by the total number of rooms in the house (not including the kitchen or bathroom) being



greater than one; respondents were classified as living in crowded conditions (more than one person per room) or not living in crowded conditions (one or fewer person per room).

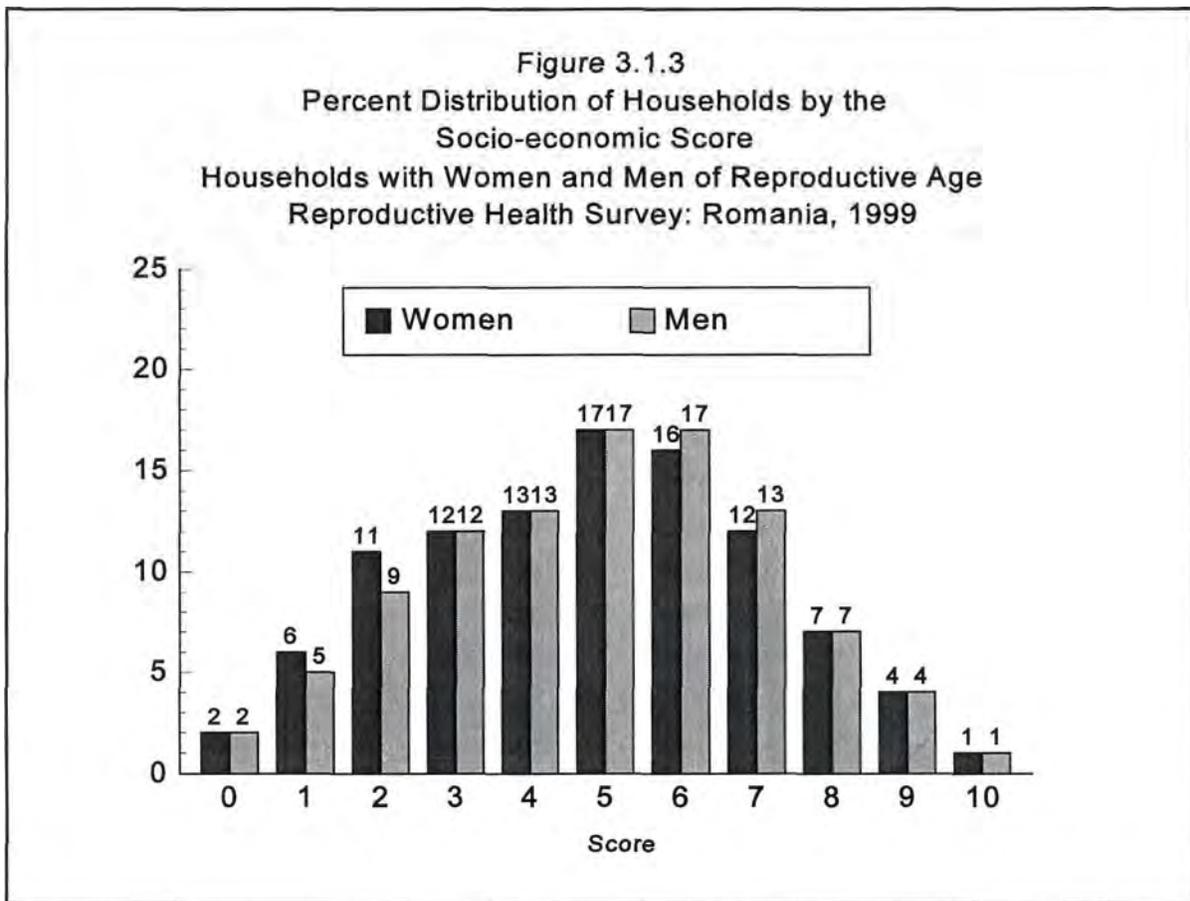
In 1999 virtually all households in Romania were supplied with electricity 24 hours per day ([Tables 3.1.2A](#) and [3.1.2B](#) and [Figure 3.1.1](#)). On average, almost two thirds of respondents lived in households with flush toilets and about half had a telephone line and central heating at home. The proportion of households with such amenities varied significantly by residence. For example, urban women were 13 times as likely as rural residents to have central heating, 5 times as likely to have flush toilets, and 3 times as likely to have a telephone. These differences were slightly narrower in the male sample. Bucharest had by far the highest prevalence of households with basic amenities: the majority of households had flush toilets, more than two thirds had central heating, and telephone coverage was the highest in the country (65%-67%). In Moldova and Vallahia regions, more rural than other regions, households were less likely to have flush toilet, central heating, or telephone coverage. Since 1993, households with telephone lines increased by 40% (from 38% to 53%), but there were no substantive changes in other household amenities.

As shown in [Figure 3.1.2](#), among durable consumer goods, television was available in almost every household with women of reproductive age (95%), with higher coverage in urban areas (98%) than in rural areas (91%). Similarly, 96% of households with men of reproductive age had a television. Almost all households had refrigerators (88%-90%), especially in urban areas (96%-97%) but less frequently in Moldova (78%). As expected, almost all households in rural areas with women and men of reproductive age had a vegetable garden, orchard, or vineyard (91% and 86%), whereas only one in three and one in four urban households, respectively, had such gardens. The proportion of households with reproductive-age women and men with automobiles was fairly low (41%o and 43%). Families living in Bucharest and other urban areas were more likely to own a car. Video recorders were not very widespread in Romania: one in three households in urban areas and 15%-20%) in rural areas owned a video recorder. Also, very few families owned a vacation home or a secondary residence (15%—21%); respondents in urban areas were significantly more likely than rural residents to own an additional residence. The use of mobile phones was low (14% of women and 13% of men reported they had one) and was concentrated in urban areas. Interestingly, they were owned mostly by households that also had a telephone line whereas only 6% of households without phone lines had a mobile phone (data not shown).



Level of household crowding is another important indicator of housing conditions. More than two thirds (69%) of reproductive-age women and 60% of reproductive-age men lived in crowded conditions. Crowding was not substantially different in urban households than in rural households, although the average number of persons per household was lower in urban areas than in rural areas. The most crowded households were in Moldova—71% of women and 66% of men reported living in households with more than one person per room. The least crowded households for women were in Bucharest (65%) whereas for men they were in Transylvania (55%).

All of these household amenities and goods, including living in uncrowded conditions and having electricity 24 hours per day, were summed to create a score to classify the socio-economic status (SES) of each household. Equal values were assigned for possession of each amenity or good. For each household this inventory yielded a score whose reliability was assessed using the Cronbach coefficient alpha. On the basis of this initial evaluation only 10 items were selected for use in the SES score (alpha coefficients .72 for female sample and 0.70 for male sample); possession of a vegetable garden, orchard, or vineyard and having electricity 24 hours a day were not included in the final score. These items were excluded because the score, as in the 93RRHS, was based exclusively



on possession of items associated with higher SES (possession of a garden was inversely correlated with SES and 24-hour-per-day electricity in Romanian households was practically universal).

[Figure 3.1.3](#) shows the percent distribution of households by their SES score; the score ranged from 0 to 10, where 0 represented the lower end (no amenities and goods included in the score) and 10 represented the higher end (all 10 items included in the score). The score was further divided into terciles to create three levels for the socio-economic status variable. Respondents with a score of 0-3 amenities were classified as low SES; those with a score of 4-6 as middle SES; and those with a score of 7-10 as high SES.

3.2 Characteristics of Eligible Women and Men

General characteristics of respondents with completed interviews, by residence, are shown in [Tables 3.2.1A](#) and [3.2.1B](#). It should be emphasized that all results presented in these tables and all the following tables in this report are weighted to adjust for sampling design, non-response, and unequal distribution between urban and rural respondents within each age group and gender (post-stratification weights), as described in the preceding section.

Overall, 36% of the female sample and 32% of the male sample were young adults (15-24 years of age) ([Tables 3.2.1A](#) and [3.2.1B](#)). The age distribution was slightly younger in rural areas, where young adults represented 41% of the women and 34% of the men, compared with 34% and 31% in urban areas. Romanians tended to be well educated, as evidenced by the fact that only 17% of female and 14% of male respondents did not have any secondary education ([Figure 3.2.1](#)). Most of the respondents who did not complete secondary education were older respondents or were very young respondents, still in secondary school. The proportion who had received formal education beyond the secondary level was similar between women and men of reproductive age (17% - 18%). Respondents residing in urban areas were more likely to be better educated than those in rural areas. The urban-rural difference was most pronounced at the postsecondary level, where women and men of reproductive age were three and four times more likely, respectively, to have completed technical college (23% vs. 7%) or university training (25% vs. 6%) than their rural counterparts.

Romania is a low-fertility country, with a total fertility rate under the replacement level of two children per woman (1.2 births per woman in 1997-1998, according to CNS). In the 99RRHS, 39% of women were childless, 25% had only one child, 25% had two children, and 11% had three or more children. Fertility reported by male respondents was comparable to that reported by females except for a higher percentage of childless men (46%), which is consistent with a later age of marriage. Fertility was higher in rural areas, where only 34% of women were childless (compared

with 42% in urban areas) and 16% reported three or more children (twice as many as in urban areas; 8%).

A slight majority of women and men were legally married (59% and 57%); additionally, a small proportion (6% of women and 3% of men) were in consensual unions (unregistered marriages or living with a partner "as husband and wife" but not legally married). Respondents in these two categories constitute currently married or in union respondents. Women residing in rural areas were somewhat more likely to be in a legal or consensual union (67%) than were women living in urban areas (63%), but this urban-rural difference in marital status was not evident among men. Divorce and separation appeared uncommon: only 7% of women and 4% of men reported that they were previously married. More than one of four women (29%) and more than one of three men (37%) had never been married or lived with a partner.

The dominant religion among survey respondents was Eastern Orthodox (87% of women and 89% of men stated they belong to this religious denomination. Most other respondents were

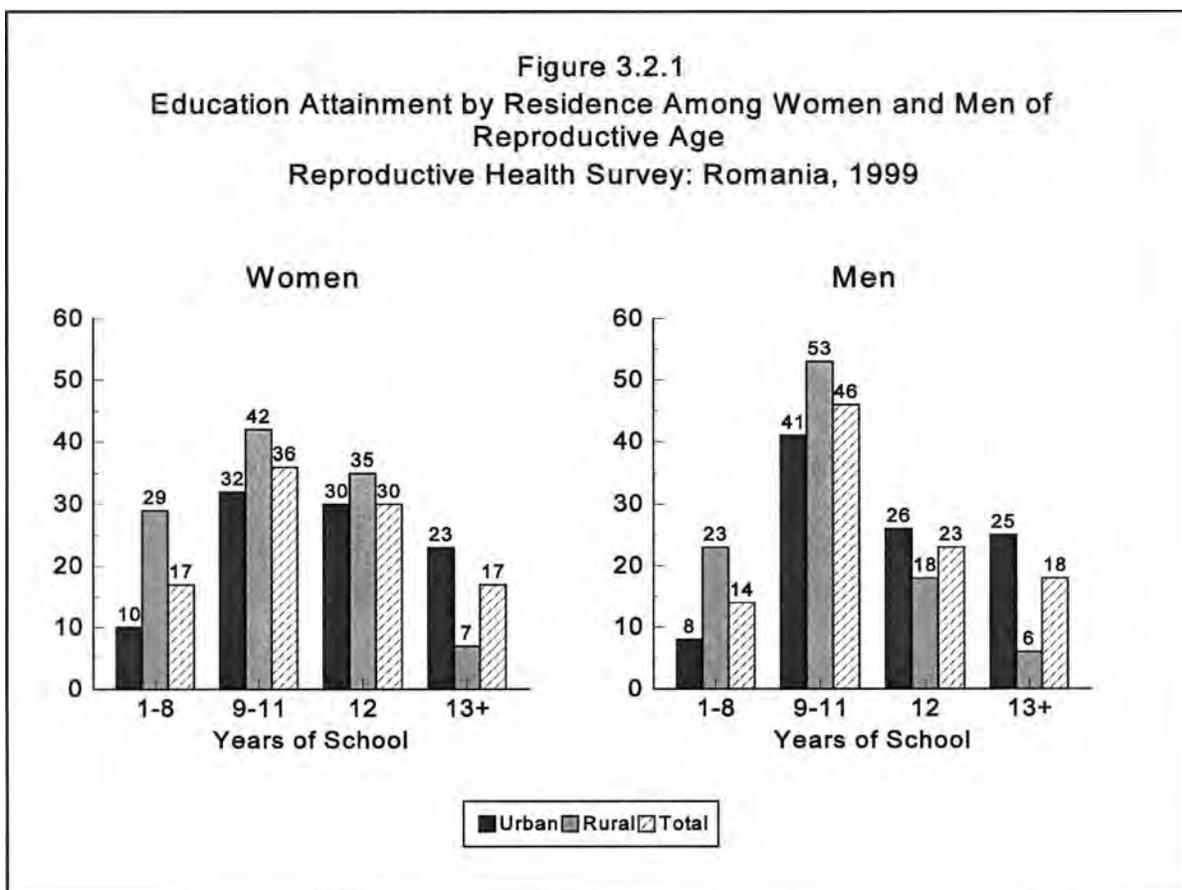


TABLE 3.2.1A
Characteristics of Eligible Women with Complete Interviews by Residence and Region
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Characteristic</u>	<u>Total</u>	<u>Residence</u>		<u>Region</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallahia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Age Group</u>							
15-19	16.9	16.1	18.5	13.0	17.7	16.6	18.5
20-24	19.3	17.5	22.3	19.1	18.9	18.6	21.3
25-29	17.7	16.6	19.6	18.9	18.2	16.5	18.0
30-34	15.9	16.7	14.5	17.6	16.5	14.7	15.7
35-39	13.5	14.8	11.3	12.4	13.1	15.3	11.8
40-44	16.7	18.4	13.9	19.0	15.6	18.2	14.7
<u>Education</u>							
Primary or Less	17.1	10.1	29.3	12.9	15.5	17.8	21.5
Secondary Incomplete	36.0	32.4	42.2	32.2	36.5	36.4	36.8
Secondary Complete	29.9	34.6	21.9	27.9	32.6	30.9	24.5
Postsecondary	16.9	22.9	6.6	26.9	15.4	14.9	17.2
<u>No. of Living Children</u>							
None	39.0	41.8	34.1	41.2	39.4	36.9	40.6
One	25.6	26.5	24.1	29.3	23.9	27.1	23.9
Two	24.7	23.9	26.0	21.8	27.6	24.8	20.8
Three	6.1	4.6	8.8	4.7	5.0	6.2	8.9
Four or more	4.6	3.2	7.0	3.1	4.2	4.9	5.8
<u>Marital Status</u>							
Legally Married	58.5	57.1	60.7	57.6	58.1	60.2	56.6
Consensual Union	6.1	5.9	6.5	8.9	6.7	5.8	3.9
Previously Married	6.9	7.2	6.5	8.6	6.8	6.0	7.9
Never Married	28.5	29.8	26.2	24.8	28.5	28.0	31.7
<u>Religion</u>							
Orthodox	87.2	88.3	85.2	96.0	97.4	70.4	92.1
Protestant	6.3	5.7	7.4	1.4	0.9	16.8	1.1
Catholic	4.3	3.5	5.7	1.4	0.6	8.8	5.2
Other	1.9	2.0	1.6	0.9	0.7	3.6	1.4
None	0.3	0.4	0.1	0.3	0.4	0.3	0.2
<u>Ethnicity</u>							
Romanian	87.3	89.3	83.9	90.8	92.6	76.1	94.8
Hungarian	6.4	5.5	7.9	0.8	0.4	18.1	0.4
Roma	5.2	4.3	6.9	8.1	5.7	4.2	4.4
Other	1.1	0.9	1.4	0.3	1.3	1.5	0.3
<u>Socioeconomic Status</u>							
Low	31.1	11.2	65.5	16.4	32.2	29.0	41.9
Middle	45.3	54.2	30.0	42.2	47.2	47.3	40.0
High	23.6	34.7	4.5	41.4	20.6	23.7	18.1
<u>Employment</u>							
Working	45.5	56.9	25.9	60.1	41.4	50.3	35.8
Not Working	54.5	43.1	74.1	39.9	58.6	49.7	64.2
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	6,888	3,906	2,982	534	2,537	2,328	1,489

Table 3.2.1B
Characteristics of Eligible Men with Completed Interviews by Residence and Region
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Characteristic</u>	<u>Total</u>	<u>Residence</u>		<u>Region</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallahia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Age Group</u>							
15-19	15.0	15.0	14.9	13.3	13.4	16.1	16.8
20-24	17.2	15.9	19.0	16.0	18.8	15.5	19.9
25-29	15.3	13.6	17.8	11.8	15.2	14.9	18.2
30-34	13.9	13.7	14.2	14.2	17.2	12.3	10.9
35-39	11.6	12.1	10.9	14.5	11.8	12.8	7.7
40-44	14.0	15.6	11.7	15.0	12.6	13.9	16.0
45-49	13.1	14.1	11.5	15.3	12.1	14.7	10.7
<u>Education</u>							
Primary or Less	14.0	7.8	23.0	17.1	10.5	12.5	21.2
Secondary Incomplete	45.5	40.7	52.6	35.6	48.6	44.2	47.7
Secondary Complete	23.0	26.2	18.3	21.3	25.8	24.2	16.8
Postsecondary	17.5	25.3	6.1	26.0	15.1	19.0	14.4
<u>No. of Living Children</u>							
None	46.0	45.0	47.5	46.5	43.1	47.4	48.4
One	23.1	25.5	19.6	21.4	25.8	22.2	20.4
Two	22.4	23.6	20.6	21.9	25.0	21.3	19.8
Three	5.5	4.0	7.6	4.9	4.3	6.4	6.3
Four or more	3.1	2.0	4.7	5.3	1.8	2.6	5.1
<u>Marital Status</u>							
Legally Married	56.5	58.3	54.0	55.3	58.5	56.3	54.1
Consensual Union	3.2	2.9	3.6	7.8	2.5	2.6	3.0
Previously Married	3.7	3.6	3.8	4.9	3.7	3.8	2.9
Never Married	36.6	35.2	38.6	32.1	35.2	37.3	40.0
<u>Religion</u>							
Orthodox	88.9	90.0	87.4	95.7	97.0	76.9	92.2
Protestant	2.8	2.3	7.3	0.5	0.7	8.0	6.2
Catholic	4.3	3.5	1.9	0.8	0.3	7.7	0.0
Other	3.2	3.5	2.7	2.8	1.2	6.5	1.1
None	0.7	0.8	0.7	0.2	0.8	0.9	0.5
<u>Ethnicity</u>							
Romanian	89.7	91.5	87.2	87.7	95.4	80.5	97.0
Hungarian	5.7	4.8	7.0	1.3	0.1	16.0	0.0
Roma	3.6	3.1	4.3	11.1	3.6	1.9	2.8
Other	1.0	0.6	1.5	0.0	0.1	1.7	0.2
<u>Socioeconomic Status</u>							
Low	27.5	9.0	54.3	16.2	27.1	24.8	38.7
Middle	46.8	53.5	37.0	41.3	51.2	47.4	40.5
High	25.8	37.5	8.7	42.6	21.7	27.8	20.8
<u>Employment</u>							
Working	57.1	64.3	46.6	63.1	57.6	56.8	53.5
Not Working	42.9	35.8	53.4	36.9	42.5	43.2	46.5
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	2,434	1,346	1,088	223	839	940	432

Protestant (6% of women, 3% of men) or Catholics (4% for both); less than 1% of respondents said they had no religious affiliation. When asked their nationality, 87% of female and 90% of male respondents reported they were Romanian, 6% Hungarian, 4% of females and 5% of males Roma, and 1% other ethnic descent. More respondents of Hungarian or Roma ethnic background live in rural areas than in urban areas. Almost one third of respondents lived in households classified as low SES; almost half lived in middle-SES households, and one of four lived in a high-SES household. The urban-rural differentials in SES were striking for both female and male respondents; the percentage of respondents living in low-SES households was six times higher among rural residents than among urban residents. At the same time, only 5% of female and 9% of male rural residents were classified as living in high-SES households, but 35% and 38% of those living in urban areas were classified as high-SES. Slightly more than half (55%) of women and 43% of men reported that they did not work outside the house (even part time). Because of lower job availability, rural female and male respondents were less likely to work outside the house, which likely contributed to the urban-rural differences in SES.

Important differences existed in marital experience between females and males and between urban and rural residents, regardless of gender. Almost one of two (46%) women aged 20-24 years, but only 17% of men, were legally married or in a consensual union and an additional 4% and 6% were previously married ([Tables 3.2.2A](#) and [3.2.2B](#)). By age 34, the difference in marital experience between females and males tended to disappear; the proportion of women and men currently or ever married both increased to 94% and 90%. Women in urban areas were much more likely to postpone marriage, probably because they delayed marriage until after they completed their desired educational level; for example, 15% of rural women aged 15-19 and 64% of rural women aged 20-24 but only 7% and 40% of urban women had marital experience. Except for 20-29-year-olds, there were no significant differences in marital experience by residence among men. Marriage dissolution among older respondents was not significantly different in urban and rural areas. Comparison with the 93RRHS (data not shown) showed that fewer young adult women had ever been married (46% in 1993 vs. 58% in 1999), probably because of higher educational attainment among younger women than previously. This trend was noticeable among both urban and rural women but more obvious among urban residents.

[Table 3.2.3](#) presents the percent distribution of female and male respondents by the highest level of education attained, according to age and residence. Younger women were more likely than older women to have had a postsecondary education. Women in urban areas were much better educated (high school completed or higher education level) in each age group; 75% of women aged 20-24 years residing in urban areas, but 46% of those in rural areas had completed secondary school. Also, the proportion of women with a university education was three times higher in urban areas (44%) than in rural areas (14%). The urban-rural disparity in education showed a similar pattern

among older residents. Likewise, younger men tended to be better educated than older cohorts. Urban residents, regardless of their age, were almost twice as likely as rural residents to have completed high school or a higher level of education. Compared with the 93RRHS, in the 99RRHS fewer women reported only primary or lower education level (17% vs. 26%), whereas the proportion reporting postsecondary education rose (from 11% to 17%).

TABLE 3.2.2A
Marital Status of Women Aged 15–44 Years with Completed Interviews
by Residence and Age Group
Reproductive Health Survey: Romania, 1999

<u>Residence and Age Group</u>	<u>Marital Status</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Married</u>	<u>Consensual Union</u>	<u>Previously Married</u>	<u>Never Married</u>		
All Ages	58.5	6.1	6.9	28.5	100.0	6,888
Total						
15–19	4.6	4.6	0.8	90.0	100.0	924
20–24	37.2	8.9	4.3	49.7	100.0	1,239
25–29	71.9	7.4	7.7	13.0	100.0	1,310
30–34	80.7	5.7	8.0	5.6	100.0	1,368
35–39	83.3	5.5	8.8	2.4	100.0	955
40–44	82.0	4.0	12.8	1.1	100.0	1,092
Urban						
15–19	1.7	4.4	0.5	93.5	100.0	517
20–24	27.8	9.2	3.0	60.0	100.0	651
25–29	67.8	8.4	8.0	15.8	100.0	655
30–34	80.1	5.7	7.7	6.6	100.0	795
35–39	82.9	4.8	10.0	2.4	100.0	607
40–44	82.4	2.9	13.4	1.3	100.0	681
Rural						
15–19	8.9	4.9	1.4	84.8	100.0	407
20–24	49.8	8.4	6.1	35.7	100.0	588
25–29	78.0	6.1	7.1	8.9	100.0	655
30–34	82.0	5.9	8.6	3.5	100.0	573
35–39	84.3	7.1	6.1	2.5	100.0	348
40–44	81.1	6.7	11.5	0.7	100.0	411

TABLE 3.2.2B
Marital Status of Men Aged 15–49 Years with Completed Interviews
by Residence and Age Group
Reproductive Health Survey: Romania, 1999

<u>Residence and Age Group</u>	<u>Marital Status</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Married</u>	<u>Consensual Union</u>	<u>Previously Married</u>	<u>Never Married</u>		
All Ages	56.5	3.2	3.7	36.6	100.0	2,434
Total						
15–19	0.2	0.8	0.0	99.0	100.0	311
20–24	14.9	2.5	1.6	81.0	100.0	320
25–29	54.3	6.5	7.0	32.2	100.0	386
30–34	82.3	4.1	3.5	10.1	100.0	389
35–39	88.3	3.7	2.7	5.2	100.0	304
40–44	86.3	2.5	7.0	4.2	100.0	295
44–49	91.0	2.3	4.4	2.4	100.0	429
Urban						
15–19	0.3	0.0	0.0	99.8	100.0	194
20–24	11.2	3.4	1.7	83.8	100.0	180
25–29	48.6	8.2	10.3	33.0	100.0	193
30–34	83.9	3.9	3.2	9.0	100.0	207
35–39	93.5	1.3	1.8	3.4	100.0	151
40–44	88.0	1.9	6.3	3.9	100.0	180
44–49	94.6	2.2	2.2	1.0	100.0	241
Rural						
15–19	0.0	2.0	0.0	98.0	100.0	117
20–24	19.5	1.5	1.4	77.6	100.0	140
25–29	60.8	4.7	3.3	31.3	100.0	193
30–34	80.1	4.4	3.8	11.8	100.0	182
35–39	80.0	7.6	4.2	8.2	100.0	153
40–44	83.0	3.8	8.3	4.8	100.0	115
44–49	84.4	2.5	8.4	4.7	100.0	188

TABLE 3.2.3
Educational Attainment of Women and Men of Reproductive Age
by Residence and Age Group
Reproductive Health Survey: Romania, 1999

<u>Residence and Age Group</u>	<u>Education Level</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Primary or Less</u>	<u>Secondary Incomplete</u>	<u>Secondary Complete</u>	<u>College & University</u>		
Women All Ages (15-44)	17.1	36.0	29.9	16.9	100.0	6,888
Total						
15-19	23.8	54.8	17.5	3.9	100.0	924
20-24	20.0	21.5	27.5	30.9	100.0	1,239
25-29	7.6	37.2	34.3	21.0	100.0	1,310
30-34	7.3	37.6	40.3	14.9	100.0	1,368
35-39	13.6	37.6	35.1	13.7	100.0	955
40-44	29.3	29.8	26.7	14.2	100.0	1,092
Urban						
15-19	16.0	57.6	21.3	5.1	100.0	517
20-24	8.5	16.2	31.8	43.5	100.0	651
25-29	4.2	27.7	37.4	30.8	100.0	655
30-34	3.6	30.5	46.1	19.8	100.0	795
35-39	8.0	33.4	40.6	18.0	100.0	607
40-44	19.2	31.3	30.9	18.6	100.0	681
Rural						
15-19	35.5	50.6	11.9	2.0	100.0	407
20-24	35.7	28.8	21.6	13.9	100.0	588
25-29	12.5	51.1	29.7	6.7	100.0	655
30-34	14.6	51.5	28.7	5.2	100.0	573
35-39	26.3	47.1	22.7	4.0	100.0	348
40-44	52.1	26.5	17.2	4.2	100.0	411
Men All Ages (15-49)	14.0	45.5	23.0	17.5	100.0	2,434
Total						
15-19	27.7	56.8	13.9	1.7	100.0	311
20-24	16.3	39.2	21.6	22.9	100.0	320
25-29	4.5	52.0	27.6	16.0	100.0	386
30-34	9.4	44.6	28.3	17.7	100.0	389
35-39	8.6	42.7	31.8	17.0	100.0	304
40-44	11.1	43.7	21.7	23.5	100.0	295
44-49	19.2	39.0	18.0	23.8	100.0	429
Urban						
15-19	21.3	61.3	14.6	2.8	100.0	194
20-24	4.2	33.1	29.4	33.6	100.0	180
25-29	1.9	42.7	32.0	23.4	100.0	193
30-34	8.2	32.3	32.7	26.9	100.0	207
35-39	3.4	37.0	35.4	24.3	100.0	151
40-44	4.4	40.2	22.4	33.0	100.0	180
44-49	10.3	37.7	19.4	32.7	100.0	241
Rural						
15-19	37.0	50.1	12.9	0.0	100.0	117
20-24	31.1	46.6	12.1	10.2	100.0	140
25-29	77.3	62.5	22.6	7.7	100.0	193
30-34	11.1	61.8	22.1	5.0	100.0	182
35-39	17.0	52.0	25.9	5.2	100.0	153
40-44	23.9	50.7	20.2	5.2	100.0	115
44-49	35.2	41.3	15.6	7.9	100.0	188

CHAPTER IV

FERTILITY AND PREGNANCY EXPERIENCE

One of the objectives of the 99RRHS was to assess the current levels and trends of reproductive behaviors and to identify factors that might change such behaviors. The findings presented here are particularly useful in assisting policy makers and program managers design programs that respond to the reproductive behavior of the Romanian reproductive-age population and to tailor programs to meet the needs of key subgroups. To obtain information about reproductive patterns, the survey questionnaire included a series of questions about marriage, divorce, sexual activity, contraceptive use, childbearing, induced abortion, infertility, desired family size, planning status of all pregnancies in the last five years, and information about prenatal care for all births during the past five years. Information about pregnancies and their outcomes (birth, abortion, fetal loss) was collected through a complete pregnancy history for each woman up to the time of the interview.

This survey also collected information about male reproductive behavior in Romania, which included a history of live births, but not of female partners' pregnancies. These data included sexual activity status, current marital status, the numbers and dates of live births to each male respondent's female partners in the past five years, whether the children are still alive (and if not, their age at death), whether the pregnancy was intended by the male respondent, and whether the children live with the male respondent.

99RRHS data represent an important addition to vital statistics routinely compiled at the local and national level, because the survey included many background characteristics not included on birth certificates and abortion registries. In addition, the survey explored in depth the circumstances surrounding each abortion or birth within the past five years, documenting use of prenatal care and abortion services and the prevalence of pregnancy-related morbidity.

4.1 Fertility Levels

Current fertility levels were estimated using age-specific fertility rates. The total fertility rate (TFR) was computed by accumulating the age-specific fertility rates and multiplying the sum by

Table 4.1.1
Three-Year Period* Age-Specific Fertility Rates and Total Fertility Rates
per 1000 Women Aged 15–44
CDC Assisted RHS Surveys in Eastern Europe and Former Soviet Union Countries, 1993–2000

<u>Country</u>	<u>Age Specific Fertility Rates (per 1000)[†]</u>						<u>Total Fertility Rate[‡]</u>
	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	<u>15–44</u>
Czech Republic, 1993	49	176	92	41	11	4	1.9
Romania, 1993	49	129	83	33	12	5	1.6
Romania, 1999	36	100	83	29	13	2	1.3
Russia (three oblasts [§]), 1996	36/36/60	98/108/140	62/56/55	31/31/30	4/11/5	3/3/0	1.2/1.2/1.5
Russia (three oblasts [§]), 1999	46/39/41	83/109/128	68/72/80	30/25/21	8/16/10	8/3/3	1.2/1.3/1.4
Moldova, 1997	57	158	88	40	17	6	1.8
Ukraine, 1999	49	114	66	36	14	4	1.4
Georgia, 1999-2000	65	113	92	48	22	7	1.7

* Three years prior to the interview

† Age at Pregnancy Outcome

‡ Number of Births per Woman.

§ Yekaterinburg, Perm, and Ivanovo, respectively.

Source: Goldberg et al., 1993; VCIOM and CDC, 1998, 2000; KIIS and CDC, 2000; Serbanescu et al. 1994, 1998, 2000.

five. The TFR is thus defined as the average number of births a woman would have during her reproductive lifetime (15–44 years of age) if she experienced the currently observed age-specific fertility rates. Numerators for the age-specific fertility rates were calculated by selecting births that occurred during the 36 months preceding the survey and grouping them (in five-year age groups) by the age of the mother at the time of pregnancy outcome (calculated from the mothers' reported date of birth). The denominators for the rates represent the number of woman-years lived in each specified five-year age group divided by those mothers during the three years preceding the survey.

TFR for the three years preceding the survey (July 1996–June 1999) was 1.3 births per woman and the general fertility rate was 43.8 births per 1,000 women aged 15–44 years (data not shown), which was consistent with the recent fertility decline and the most recent vital statistics estimates. According to CNS data, TFR=1.2 births per woman aged 15–49 years in 1996–1998 and the general fertility rate was 40.6 births per 1,000 women this age (Comisia Nationala pentru Statistica, 1999). A comparative analysis of results from recent national reproductive health surveys in Eastern Europe and Newly Independent States (Romania, Czech Republic, Russia, Ukraine,

TABLE 4.1.2
Three-Year Period Age-Specific Fertility Rates (per 1000 Women Aged 15-44)
Among All Women and Among Those Who Had Ever Been Married
Reproductive Health Surveys: Romania, 1993 and 1999

<u>Age at Birth</u>	<u>All Women</u>		<u>Women Ever Married*</u>	
	<u>1993†</u>	<u>1999‡</u>	<u>1993*</u>	<u>1999‡</u>
15-19	49	36	307	280
20-24	129	100	195	178
25-29	83	83	86	94
30-34	33	29	34	31
35-39	12	13	13	13
40-44	5	2	6	2
<u>Total Fertility Rate (No. per Woman)</u>	1.6	1.3	3.2	3.0

* Excludes births occurring before the date of first union for ever married women.

† Live births occurring between July 1990 and June 1993.

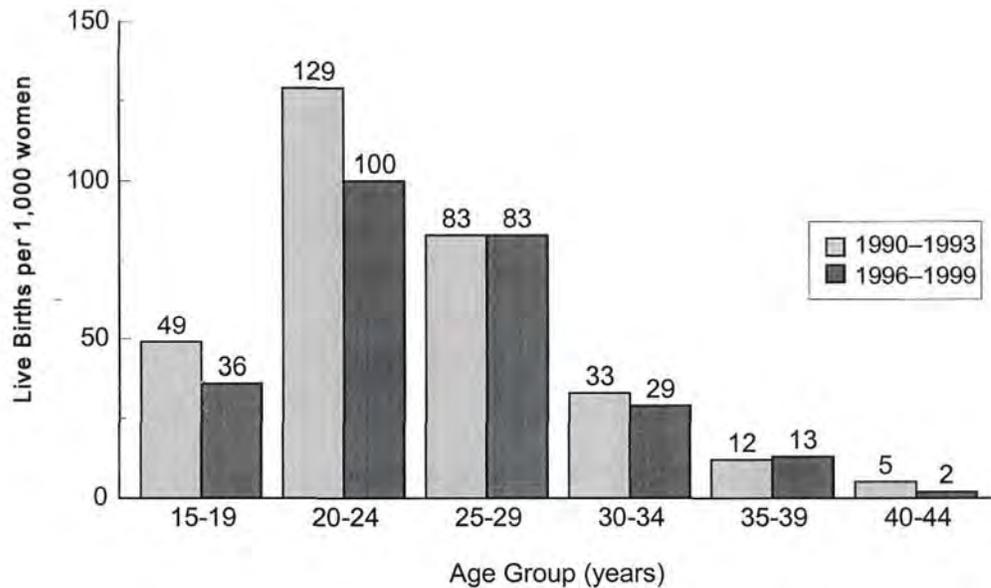
‡ Live births occurring between July 1996 and June 1999.

Georgia, and Moldova; [Table 4.1.1](#)) showed a fertility pattern in Romania similar to these other former Soviet-bloc countries (Goldberg et al., 1993; VCIOM and CDC, 1998,2000; KIIS and CDC, 2000; Serbanescu et al. 1994, 1998, 2000). All have low fertility rates that have declined substantially in recent years and high rates of induced abortion (see Chapter V).

Similar to other countries in eastern Europe fertility in Romania exhibits an early peak in the age pattern, with the highest level among 20-24-year-old women, then among 25-29-year-olds ([Table 4.1.2](#), [Figure 4.1.1](#)). Notably, fertility among adolescent women is the third highest (36 births per 1,000 women aged 15-19). As a result, 52% of the TFR was contributed by women aged 15-24 and 83% by women less than 30 years old. Women aged 35-39 and 40-44 years contributed minimally to total fertility; their age-specific fertility rates accounted for only 5% and 1% of overall fertility.

Total fertility among married women was more than twice as high as for all women, which

Figure 4.1.1
 Three-Year Period Age-Specific Fertility Rates (ASFR)
 Among Women Aged 15-44 Years
 Reproductive Health Surveys: Romania, 1993 and 1999



implies that extramarital fertility plays a minor role in overall fertility. Young married women had much higher age-specific fertility rates than all young adult women (280 vs. 36 births per 1,000 women aged 15-19 years and 178 vs. 100 births per 1,000 women aged 20-24). The fertility rate of married women and that of all women differed little after 30 years or age, since almost all Romanian women had marital experience by that age (see Section 3 in this Chapter).

The decline in fertility in Romania that began in the late 1980s (documented by the findings of the 93RRHS) appeared to continue in more recent years but at a slower pace; TFR decreased by almost 20% between the 93RRHS and 99RRHS, whereas three-year fertility rates calculated in 1993 showed a 30% decline between June 1987-May 1990 and June 1990-May 1993. The decline was almost entirely due to lower fertility among women aged 15-24 years; the fertility rate of women aged 25 and older remained basically unchanged.

Fertility patterns, as documented through age-specific fertility rates, were consistent with the cumulative past fertility of women interviewed in the 99RRHS (calculated as the percent distribution

TABLE 4.1.3A
Number of Children Born Alive by Current Age of Respondent
Among All Women and Among Women Currently in Union Aged 15–44
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>No. of Children Born Alive</u>	<u>All Women</u>						
	<u>Age Group (Current Age)</u>						
	<u>Total</u>	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>
0	38.7	95.1	67.6	30.8	14.3	7.7	4.9
1	24.8	4.4	24.2	38.0	37.0	23.2	22.3
2	24.1	0.6	7.0	24.0	35.4	41.9	42.4
3	7.0	0.0	1.0	4.7	8.2	15.7	15.1
4	2.7	0.0	0.1	1.8	3.1	4.1	8.1
5 or more	2.7	0.0	0.0	0.8	2.0	7.4	7.2
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	6,888	924	1,239	1,310	1,368	955	1,092
<u>Number of Children Born Alive</u>	<u>Women in Union</u>						
	<u>Age Group (Current Age)</u>						
	<u>Total</u>	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>
0	13.7	50.8	35.3	18.3	8.5	5.8	3.3
1	34.3	43.1	47.4	44.6	38.7	22.1	21.1
2	34.7	6.1	14.7	28.8	38.3	44.1	44.7
3	9.9	0.0	2.2	5.2	9.0	15.7	16.2
4	3.5	0.0	0.3	2.2	3.4	4.1	6.9
5 or more	3.9	0.0	0.0	0.9	2.1	8.0	7.8
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	4,846	116	664	1,071	1,201	846	948

TABLE 4.1.3B
Number of Children Born Alive by Current Age of Respondent
Among All Men and Among Men Currently in Union Aged 15–49
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

		<u>All Men</u>						
		<u>Age Group (Current Age)</u>						
<u>Number of Children Born Alive</u>	<u>Total</u>	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	<u>45–49</u>
0	45.9	99.2	91.3	52.7	24.2	9.7	13.2	7.4
1	21.6	0.8	7.6	33.4	39.8	29.0	22.6	22.7
2	22.8	0.0	0.9	11.8	29.6	45.6	41.8	42.6
3	6.0	0.0	0.3	0.9	4.3	11.2	13.9	15.1
4	2.0	0.0	0.0	0.7	0.8	2.7	4.0	6.8
5 or more	1.8	0.0	0.0	0.5	1.3	1.8	4.4	5.3
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean No. of Children	1.1	0.0	0.1	0.7	1.2	1.8	1.9	2.1
Unweighted No. of Cases	2434	311	320	386	389	304	295	429
		<u>Men in Union</u>						
		<u>Age Group (Current Age)</u>						
<u>Number of Children Born Alive</u>	<u>Total</u>	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	<u>45–49</u>
0	12.6	*	54.7	27.7	14.0	3.1	5.5	4.1
1	33.6	*	38.9	49.9	44.5	30.2	23.3	22.8
2	37.6	*	4.9	19.1	34.0	49.6	46.0	44.9
3	9.9	*	1.5	1.5	5.0	12.1	15.7	15.6
4	3.2	*	0.0	1.1	0.9	2.9	4.6	7.0
5 or more	3.0	*	0.0	0.8	1.5	2.0	5.0	5.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean No. of Children	1.7	*	0.5	1.1	1.4	1.9	2.1	2.2
Unweighted No. of Cases	1595	3	74	253	338	277	261	389

* Fewer than 25 cases in that category

of women by number of live births and stratified by current age of each woman at the time of the interview). Overall, 39% of all women aged 15-44 were childless at the time of the interview, but only 14% of women currently in union had not had their first child ([Table 4.1.3 A](#)). Although few women reported birth before age 20, by age 29 69% of all women had given birth. Very few women remained childless at the end of their reproductive-age years (5%). Among currently married women, one of two adolescents have already had her first child, two of three 20-24 year-olds have given birth, and over 90% of women 30 years of age have had their first child. Only 3% remained childless by 40-44 years of age. A minority of women had three or more children (12% of all women and 17% of currently married women).

Compared with women, a slightly higher proportion of all men aged 15-49 (46%) were childless at the time of the interview, which reflected the later age of marriage for men ([Table 4.1.3B](#)). At age 20-29, the highest fertility years for women, a considerably lower proportion of men report that they had fathered a live birth. Whereas by 24 years of age 32% of women had had a live birth, this was true of only 9% of men. The corresponding percentages by age 29 were 69% and 47%, respectively. Although these differences narrowed after age 30, in all age groups a lower proportion of all men compared with all women reported a live birth although, like women, very few men had not reported a live birth by age 49 (7%). Among men and women in union these differences are much less, indicating that fewer men not in union ever had a live birth or possibly were unaware of some that they fathered. [Tables 4.1.3A](#) and [4.1.3B](#) also show an obvious two-child family size pattern with only a minority of women and men having three or more children: among all respondents of both genders and among those who were currently married, 10%—12% and 16%—17%, respectively, had three or more children. For men, the mean number of children reported by 45-49-year-olds was 2.1 (2.2 for men in union).

4.2 Fertility Differentials

[Table 4.2](#) shows the age-specific fertility rates and total fertility rates among different subgroups. Urban-rural residence is an important determinant of fertility. Women who lived in urban areas had, on average, almost one child less than rural women in the three-year period preceding the 99RRHS interview. All age-specific fertility rates were higher among rural residents; the differences are particularly important among younger women (15-19 and 20-24 years of age), whose age-specific fertility rates were three and two times higher, respectively, in rural areas than in urban areas. Women living in Bucharest reported the lowest level of fertility (1.0 birth per woman) whereas women living in Moldova—which had higher a percentage of reproductive age women living in rural areas than other regions—had the highest fertility rate (1.6 births per woman). Again, the most prominent differences in age-specific fertility rates by region were among young adults. In Bucharest, the fertility rates of young women were the lowest in the country (29 per 1,000 among 15-19-year-olds and 51 per 1,000 among 20-24-year-olds).

Table 4.2
Three-Year Period* Age-Specific Fertility Rates and Total Fertility Rates
Women Aged 15–44, by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Age Specific Fertility Rate (per 1000)[†]</u>						<u>Total Fertility Rate</u> <u>(No. Births per Woman)</u>
	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	
Total	36	100	83	29	13	2	1.3
Residence							
Urban	18	67	79	26	9	2	1.0
Rural	63	147	89	36	21	4	1.8
Region							
Bucharest	29	51	98	24	7	0	1.0
Vallahia	33	113	67	25	10	3	1.3
Transylvania	43	108	77	25	14	3	1.4
Moldova	34	94	114	51	17	1	1.6
Education							
Primary	143	161	118	56	27	3	2.5
Secondary Incomplete	20	126	73	25	10	3	1.3
Secondary Complete	9	113	84	25	6	2	1.2
Postsecondary	2	32	87	39	13	0	0.9
Socioeconomic Status							
Low	79	149	91	40	29	4	2.0
Middle	20	93	83	27	7	3	1.2
High	3	38	69	22	7	0	0.7
Ethnicity							
Romanian	29	95	81	30	12	0	1.2
Hungarian	29	100	101	14	11	0	1.3
Roma	152	181	104	42	43	4	2.6
Other	‡	‡	‡	‡	‡	‡	1.2

* Live births occurring between July 1996 and June 1999.

† Age at Pregnancy Outcome

‡ Fewer than 25 cases in this category.

Fertility and education were strongly inversely correlated, with less educated women (primary education or less) reporting much higher fertility rates ([Table 4.2](#)). Women with only a primary education had, on average, 1.6 births more than women with a postsecondary education. Fertility differences according to education were very wide among younger women and diminished among older women. Socio-economic status (SES) was also inversely related to fertility level. Women with low SES had, on average, 2.0 births per woman and women with high SES had 0.7 births per woman. Among various ethnic groups, TFR and age-specific fertility rates among Roma young adults were the highest in the country.

4.3 Nuptiality

Because most pregnancies occur among women and men who are married or in a consensual union, reproductive health behaviors are greatly influenced by marital status. At the time the 99RRHS was carried out, about two thirds (65%) of women aged 15-44 were currently married (59%) or living in a consensual union (6%) ([Table 4.3A](#)). The corresponding percentages for men were 57% and 3% ([Table 4.3B](#)). Seven percent of women and 4% of men were previously married (widowed, divorced, or separated) from a spouse, or a partner in a consensual union. More than one of four women (29%) and more than one of three men (37%) had never been married or lived with a partner.

The proportion of all women who were currently married started at 5% among 15-19 year olds, increased rapidly to 37% among women aged 20-24 and to 72% among 25-29-year-olds; it reached a maximum of 83% for women aged 35-39. Consensual unions were slightly more prevalent among women in their twenties (7%-9%) than at other ages. Widowhood, divorce, and separation increased with age, peaking at one of eight women aged 40—44. The proportion of never-married women decreased abruptly with age, from 90% among 15-19-year-olds, to 50% among women 20-24 years of age, 13% among women aged 25-29, and 6% among women aged 30-34. Practically all 40-44-year-old women had ever been married.

Until age 30, lower proportions of men than women were in a legal or consensual union. Only 17% of men aged 20-24 and 61% of men aged 25-29 were in a union. Consensual unions were slightly more prevalent among men 25-29 years of age (7%) than among men of other ages. As is the case for women, the proportion of never-married men decreased abruptly with age, from being almost universal among 15-19-year-olds to 81% among men aged 20-24, 32% among men aged 25-29, and 10% among men aged 30-34. Practically all 45-49-year-old men had ever been married or in a consensual union.

The proportion of women married or in union was significantly lower among women with a postsecondary education (52%) than among women with a primary education (68%) or a secondary

TABLE 4.3A
Current Marital Status for Women Aged 15–44 Years
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Marital Status</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Married</u>	<u>Consensual Union</u>	<u>Previously Married</u>	<u>Never Married</u>		
Total	58.5	6.1	6.9	28.5	100.0	6,888
Residence						
Urban	57.1	5.9	7.2	29.8	100.0	3,906
Rural	60.7	6.5	6.5	26.2	100.0	2,982
Region						
Bucharest	57.6	8.9	8.6	24.8	100.0	534
Vallahia	58.1	6.7	6.8	28.5	100.0	2,537
Transylvania	60.2	5.8	6.0	28.0	100.0	2,328
Moldova	56.6	3.9	7.9	31.7	100.0	1,489
Age Group						
15–19	4.6	4.6	0.8	90.0	100.0	924
20–24	37.2	8.9	4.3	49.7	100.0	1,239
25–29	71.9	7.4	7.7	13.0	100.0	1,310
30–34	80.7	5.7	8.0	5.6	100.0	1,368
35–39	83.3	5.5	8.8	2.4	100.0	955
40–44	82.0	4.0	12.8	1.1	100.0	1,092
Education Level						
Primary or Less	53.3	14.5	8.4	23.9	100.0	1,210
Secondary Incomplete	58.3	5.6	6.7	29.4	100.0	2,524
Secondary Complete	67.2	3.3	7.0	22.5	100.0	2,087
Postsecondary	48.5	3.8	5.9	41.8	100.0	1,067
Socio-Economic Status						
Low	57.7	10.4	7.6	24.3	100.0	2,382
Middle	60.4	4.1	7.3	28.2	100.0	3,076
High	55.7	4.4	5.4	34.5	100.0	1,430
Ethnicity						
Romanian	59.1	4.7	6.7	29.5	100.0	6,004
Hungarian	65.0	4.0	5.6	25.4	100.0	442
Roma	40.5	31.2	11.1	17.2	100.0	346
Other	58.3	10.2	9.1	22.4	100.0	96
Employment						
Employed	68.9	4.5	9.4	17.2	100.0	3,086
Unemployed	49.7	7.5	4.9	37.9	100.0	3,802

TABLE 4.3B
Current Marital Status for Men Aged 15–49 Years
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Marital Status</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Married</u>	<u>Consensual Union</u>	<u>Previously Married</u>	<u>Never Married</u>		
Total	56.5	3.2	3.7	36.6	100.0	2,434
<u>Residence</u>						
Urban	58.3	2.9	3.6	35.2	100.0	1,346
Rural	54.0	3.6	3.8	38.6	100.0	1,088
<u>Region</u>						
Bucharest	55.3	7.8	4.9	32.1	100.0	223
Vallahia	58.5	2.5	3.7	35.2	100.0	839
Transylvania	56.3	2.6	3.8	37.3	100.0	940
Moldova	54.1	3.0	2.9	40.0	100.0	432
<u>Age Group</u>						
15–19	0.2	0.8	0.0	99.0	100.0	311
20–24	14.9	2.5	1.6	81.0	100.0	320
25–29	54.3	6.5	7.0	32.2	100.0	386
30–34	82.3	4.1	3.5	10.1	100.0	389
35–39	88.3	3.7	2.7	5.2	100.0	304
40–44	86.3	2.5	7.0	4.2	100.0	295
45–49	91.0	2.3	4.4	2.4	100.0	429
<u>Education Level</u>						
Primary or Less	43.0	4.5	3.2	49.3	100.0	324
Secondary Incomplete	54.6	4.2	4.6	36.6	100.0	1,115
Secondary Complete	64.3	1.5	3.9	30.3	100.0	578
Postsecondary	62.2	1.8	1.4	34.7	100.0	417
<u>Socio-Economic Status</u>						
Low	52.8	5.5	5.2	36.5	100.0	693
Middle	56.8	2.7	3.5	37.0	100.0	1,130
High	59.9	1.7	2.5	35.9	100.0	988
<u>Ethnicity</u>						
Romanian	56.8	2.7	3.1	37.3	100.0	2,188
Hungarian	52.0	2.8	8.5	36.6	100.0	142
Roma	56.7	16.3	9.6	17.4	100.0	79
Other	55.8	4.2	4.2	35.7	100.0	25

education (64%-71%), which suggested that women tended to delay marriage until after they completed their education. Consensual unions were much more prevalent among women with a primary education (15%), those with a low SES (10%), and Roma women (31 %). Women who were employed at the time of the survey were more likely to have ever been in union than those who were not working, presumably because unemployed women were younger and wanted to delay marriage to complete their education.

4.4 Age at First Sexual Intercourse, Union, and Birth

Age at first union and age at first sexual intercourse could play an important role in determining fertility. Delays in these events decrease the number of reproductive years that a woman spends at risk of getting pregnant and increase the likelihood of having fewer children. Age at first birth also has a direct impact on the overall fertility, since postponing the first birth may contribute to the decline of the total fertility rate. As shown in [Figure 4.4](#), men reported a much younger age

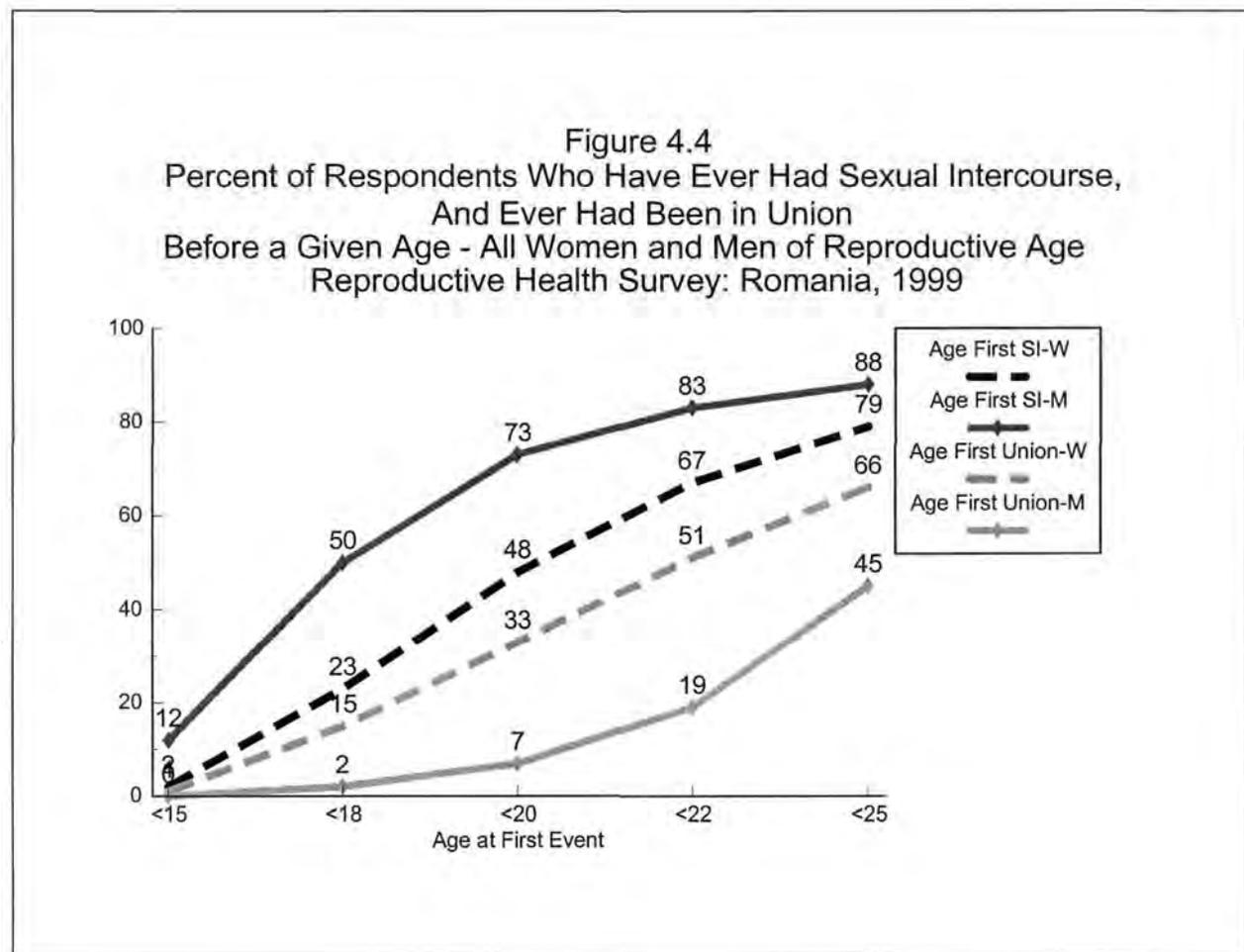


Table 4.4A
Percent of Women Aged 15-44 Who Had Their First Sexual Relation, First Union, and First Birth
Before Selected Ages, By Current Age
Reproductive Health Survey: Romania, 1999

Current Age	Age at First Sexual Intercourse					Has Had Sexual Intercourse	Never Had Intercourse	Median Age	N° of Cases*
	<15	<18	<20	<22	<25				
	Total	2.4	22.6	48.4	67.1	78.5	81.7		
15-19	3.3	(20.8)	(25.7)	NA	NA	25.7	74.3	NA	924
20-24	3.4	28.1	57.5	(74.6)	(77.7)	77.7	22.3	19.5	1,239
25-29	2.5	20.7	52.2	75.8	90.4	94.8	5.2	19.9	1,310
30-34	2.1	20.6	51.4	75.8	93.1	98.2	1.8	19.9	1,368
35-39	1.3	22.8	54.0	77.5	94.1	99.1	0.9	19.9	955
40-44	1.3	21.9	49.4	74.4	94.0	99.5	0.5	20.1	1,091

Current Age	Age at First Union					Ever In Union	Never In Union	Median Age	N° of Cases*
	<15	<18	<20	<22	<25				
	Total	1.2	14.6	33.1	51.3	65.6	71.5		
15-19	1.0	(7.7)	(10.0)	NA	NA	10.0	90.0	NA	924
20-24	1.8	14.3	29.9	(45.1)	(50.3)	50.3	49.7	22.1	1,239
25-29	1.7	15.1	38.0	59.3	79.2	87.0	13.0	21.1	1,310
30-34	1.4	15.7	39.1	63.5	84.3	94.4	5.6	20.8	1,368
35-39	0.6	18.3	45.2	69.3	88.5	97.6	2.4	20.3	953
40-44	0.6	17.5	39.4	65.8	88.8	98.9	1.1	20.7	1,091

Current Age	Age at First Live Birth					Has Had Live Birth	Never Had Live Birth	Median Age	N° of Cases*
	<15	<18	<20	<22	<25				
	Total	0.3	5.6	18.8	34.6	51.3	61.3		
15-19	0.1	(2.7)	(5.0)	NA	NA	5.0	95.0	NA	924
20-24	0.2	4.9	15.2	(25.4)	(32.4)	32.4	67.6	24.9	1,239
25-29	0.5	6.7	21.3	39.3	58.6	69.2	30.8	23.6	1,310
30-34	0.6	6.4	22.9	45.0	69.5	85.6	14.4	22.5	1,368
35-39	0.1	6.6	27.0	51.2	75.4	92.3	7.7	21.9	953
40-44	0.3	6.5	24.0	47.0	75.6	95.1	4.9	22.3	1,092

() Time exposed partially truncated because not all cases have exposure throughout the period of analysis

NA-Not Applicable

* Excludes one case not reporting the date of first sexual intercourse, three cases not reporting date of first union and two cases not reporting date of first birth

Table 4.4B
Percent of Men Aged 15-49 Who Had Their First Sexual Relation and First Union
Before Selected Ages, By Current Age
Reproductive Health Survey: Romania, 1999

Current Age	Age at First Sexual Relation					Has Had Sexual Intercourse	Never Had Intercourse	Median Age	N° of Cases
	<15	<18	<20	<22	<25				
	Total	11.7	49.6	73.4	82.5				
15-19	11.9	(40.0)	(44.7)	NA	NA	45.4	54.6	NA	307
20-24	19.1	61.5	83.5	(90.9)	(92.9)	93.3	6.7	17.3	299
25-29	12.7	58.1	81.4	92.1	96.1	97.5	2.5	17.6	374
30-34	11.5	50.0	77.8	89.7	97.1	99.2	0.8	18.0	376
35-39	8.1	44.7	77.6	86.3	94.6	99.6	0.4	18.2	294
40-44	7.0	45.7	75.0	87.2	95.0	100.0	0.0	18.2	288
45-49	9.2	43.1	74.2	88.8	96.1	100.0	0.0	18.3	409

Current Age	Age at First Union					Has Had Sexual Intercourse	Never Had Intercourse	Median Age	N° of Cases
	<15	<18	<20	<22	<25				
	Total	0.4	1.9	6.8	19.2				
15-19	0.0	(0.3)	(1.0)	NA	NA	1.0	99.0	NA	311
20-24	0.4	2.1	6.6	(12.1)	(19.0)	19.0	81.0	NA	320
25-29	0.0	1.3	9.1	26.5	54.5	67.9	32.1	24.5	385
30-34	0.9	1.6	5.2	25.0	65.8	89.9	10.1	23.8	389
35-39	0.2	3.9	8.8	22.9	62.3	94.8	5.2	24.1	302
40-44	0.8	2.3	9.7	24.6	61.0	95.8	4.2	24.1	294
45-49	0.4	2.3	7.6	25.4	63.3	97.6	2.4	23.9	428

() Time exposed partially truncated because not all cases have exposure throughout the period of analysis

NA-Not Applicable

* Excludes 87 cases not reporting the date of first sexual intercourse and 5 cases not reporting date of first union.

of sexual initiation, whereas their age at first union was considerably higher than for female respondents.

Information on age at first sexual intercourse, first union and first live birth for all women ([Table 4.4A](#)) and information about first sexual intercourse and first union for all men ([Table 4.4B](#)) are presented by age of the respondent at the time of interview. The left side of each table shows the proportion of respondents within each age cohort (five-year age group) who have ever had sexual intercourse (top panel), ever been in formal or consensual marriage (middle panel), and ever had a

live birth (bottom panel) before reaching specific ages. The overall median age (age by which 50% of women aged 15-44 or 50% of men aged 15-49 have experienced the event) and the median age within each age group are also displayed for each event. By comparing respondents categorized by their current ages it is possible to detect whether the age of occurrence of each event has been changing over time. For example, the proportion of women who had sexual intercourse before age 20 had increased from 49% among 40-44 year olds to 58% among 20-24 year-olds whereas the proportion who started their first union before age 20 had decreased from 39% to 30% between these two cohorts.

In Romania, sexual abstinence among females before marriage was historically common but, as documented in the 93RRHS, young women aged 20-24 became increasingly sexually experienced prior to their first union, signaling a transition in sexual behaviors. Similar to the pattern documented in 1993, the 99RRHS showed a further disparity between older cohorts (e.g. 40-44 years old) and young cohorts (e.g. 20-24 year olds). Apparently, while 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 sexual activity, marriage, and motherhood.

In addition to a slight decrease in age at first intercourse (median age is half a year lower for 20-24 year olds than for 40-44 years old) between these two cohorts, age at first union had gradually increased from 20.7 to 22.1. Consequently, the median age at first birth was delayed by almost three years, from the median age of 22.3 among women aged 40 - 44 to a median age of 24.9 among those aged 20-24. These findings suggest that although more women became sexually experienced prior to their first union, premarital births were rare. Moreover, younger cohorts tended to wait longer than older cohorts to have their first child. For example, women aged 20-24 had their first birth on average 2.8 years later than their first union, whereas those aged 40-44 had their first birth on average 1.6 years later than their first union. However, among all reproductive-age women, 93% had already had their first union by age 30 but only 84% already had had their first live birth (data not shown).

Similarly, data for men show a one-year decrease in the median age at first intercourse of men aged 20-24 compared with men aged 40-44, parallel with a delay in age at first union ([Table 4.4B](#)). Age at first union was typically much later for men than for women, but did not change that much over time among men cohorts. Median age at first union among the younger cohorts was less than a year later than for older cohorts (24.1 among men aged 35-44 compared to 24.5 among men aged 20-24).

4.5 Recent Sexual Activity

Information about current sexual activity is crucial for estimating the proportion of women who are at risk of having an unintended pregnancy and therefore need contraceptive services. This information also suggests contraceptive methods that best suit the reproductive behavior and fertility preferences of population subgroups. Detailed information about the proportion of women in need of family planning services and their contraceptive choices is presented in Chapter IX.

Overall, 82% of women aged 15-44 years and 90% of men aged 15 - 49 years who were interviewed in the 99RRHS reported they had ever had sexual intercourse ([Table 4.5](#) and [Figure 4.5](#)). Not all women and men who were sexually experienced were currently sexually active (within the month preceding the interview), however: only 63% of all women reported sexual intercourse within the last month and 7% reported intercourse one to three months before the interview. The corresponding percentages for men were 71% and 12%. If respondents who had never had intercourse were excluded, 77% of sexually experienced women and 92% of sexually experienced men were currently sexually active (data not shown).

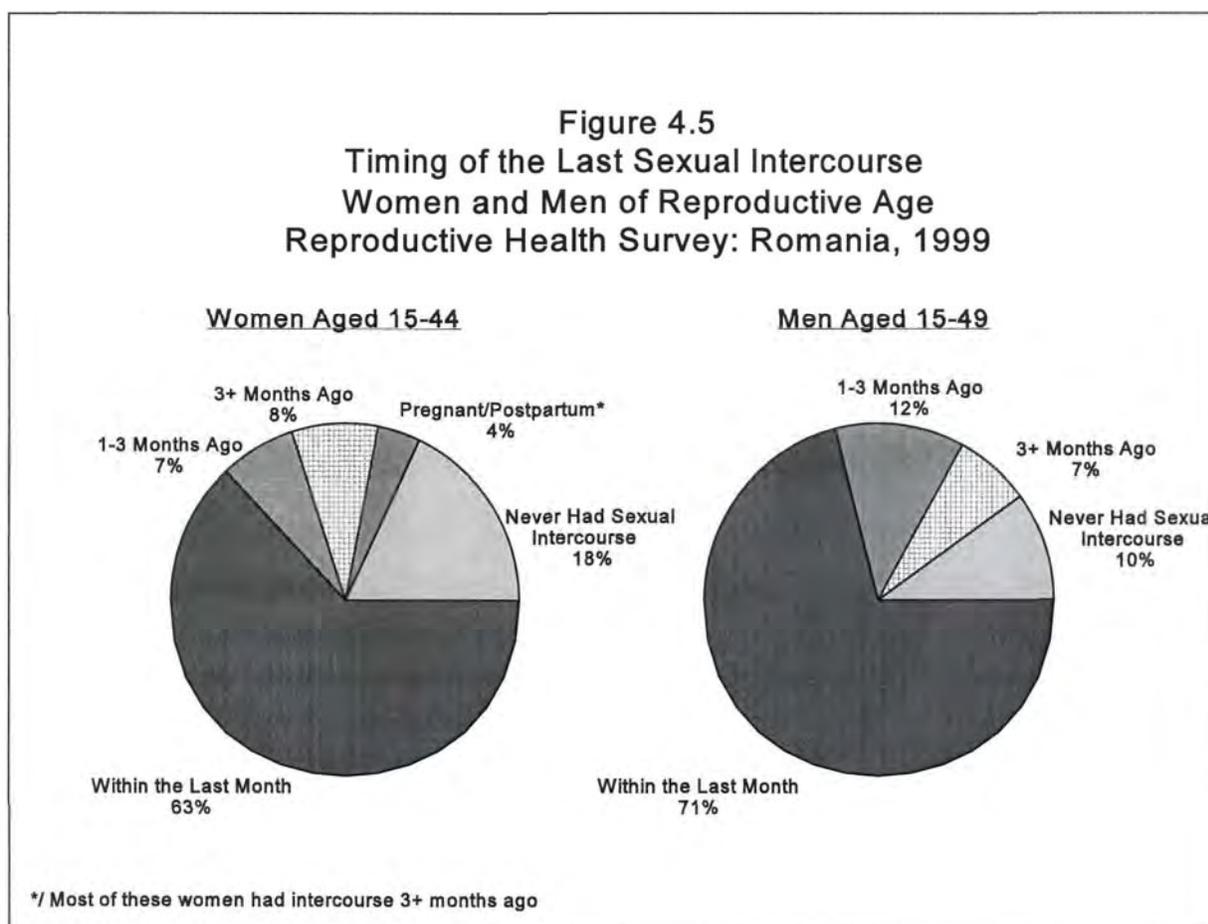


TABLE 4.5
Sexual Activity Status by Current Marital Status and by Current Age
Women and Men of Reproductive Age
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

	<u>Total</u>	<u>Marital Status</u>			<u>Age Group</u>		
		<u>Married/ In Union</u>	<u>Previously Married</u>	<u>Never Married</u>	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>
<u>Sexual Activity Status of Women 15-44</u>							
Never Had Intercourse	18.3	0.0	0.0	64.2	46.6	3.6	0.7
Currently Pregnant or Postpartum	3.7	5.5	1.5	0.1	4.8	5.6	0.3
Ever Had Intercourse	78.1	94.4	98.5	35.7	48.6	90.9	98.9
• Within the Last Month	63.2	85.5	26.5	21.4	35.9	77.4	80.0
• 1-3 Months Ago	6.9	6.4	14.5	6.1	6.4	6.5	7.9
• Over 3 Months but Within Last Year	3.2	1.5	11.0	5.1	4.1	2.8	2.6
• One Year or Longer	4.5	0.8	45.9	2.7	2.0	3.9	8.0
• Unknown Interval	0.3	0.2	0.6	0.4	0.2	0.3	0.4
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	6,888	4,846	476	1,566	2,163	2,678	2,047
<u>Sexual Activity Status of Men 15-49</u>							
Never Had Intercourse	9.9	0.0	0.0	27.0	29.0	1.7	0.1
Ever Had Intercourse	90.2	100.0	100.0	73.1	71.0	98.3	99.9
• Within the Last Month	71.1	94.5	57.7	34.2	36.6	83.4	90.5
• 1-3 Months Ago	11.7	4.4	16.9	23.0	20.5	10.0	5.6
• Over 3 Months but Within Last Year	4.0	0.3	8.8	9.4	8.9	2.4	1.0
• One Year or Longer	2.5	0.1	16.0	5.1	4.0	1.6	1.9
• Unknown Interval	0.9	0.7	0.6	1.4	1.0	0.9	0.9
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	2,434	1,595	95	744	631	775	1,028

In [Table 4.5](#) information on sexual activity status is also presented by marital status and by current age. Among women who were married or living with a partner, 86% reported having

intercourse at least once within the past month and 6% had intercourse two or three months previously. These women constituted the majority (87%) of those classified as currently sexually active (data not shown). Only 27% of previously married women were in a current sexual relationship; most (57%) had their last sexual intercourse more than three months ago. Conversely, although only 36% of never-married women had ever had sexual intercourse, more than three of four of those who were sexually experienced had their last sexual encounter within the preceding three months. Almost 4% of all women (slightly more among women currently in union) were either pregnant or in postpartum abstinence at the time of the interview. Of those men who were married or living with a partner, 95% reported having intercourse at least once within the past month and 4% had intercourse two or three months ago. Men in union constituted 71% of all men classified as currently sexually active. In addition, 73% of never-married men were sexually experienced and more than three quarters of them had their last sexual encounter within the past three months.

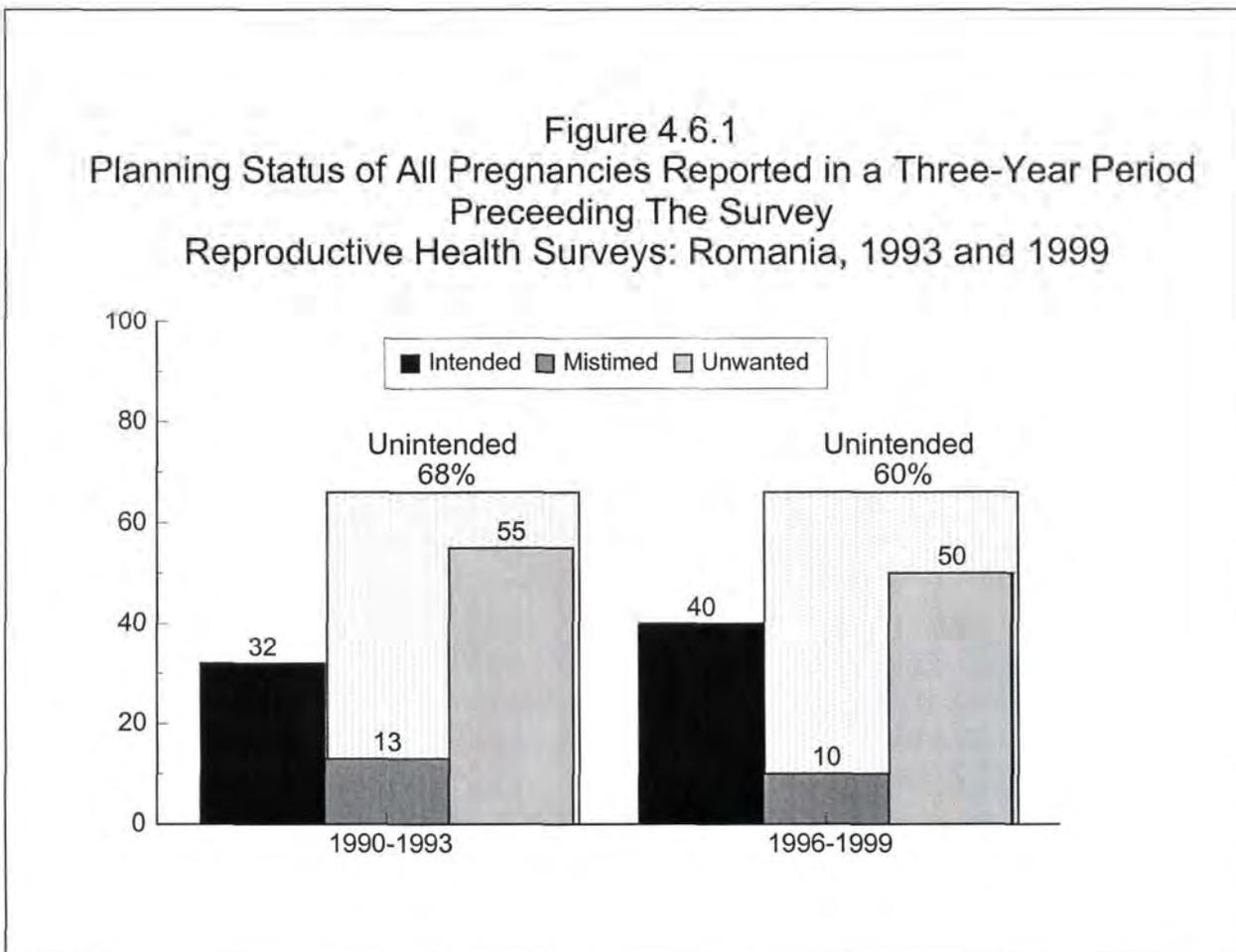
Although only 53% of young adult women (aged 15-24 years) had had sexual intercourse, 67% of those who were sexually experienced reported their last sexual encounter within the past 30 days and 12% reported having had intercourse one to three months before the time of the interview. About 5% were currently pregnant or nursing. Among sexually active women aged 25 years or older, over 80% reported current sexual activity and 7%-8% had had intercourse one to three months ago. A greater proportion (71%) of young adult men than young women were sexually experienced and more than half of these young men reported their last sexual encounter was within the past 30 days; 29% had their last sexual encounter one to three months before the interview. (For more details on young adults, see Chapter XV). Among sexually active women aged 25 years or older, more than 90% reported sexual activity in the past one to three months.

4.6 Planning Status of the Last Pregnancy

Similar to the 93RRHS, all 99RRHS respondents with pregnancies within the five years prior to the interview were asked about the planning status of every pregnancy ending in the five-year period preceding the survey. Each pregnancy was classified as either intended (wanted at the time it occurred), mistimed (occurring earlier than intended), unwanted (the respondent wanted no children or no more children), or not sure. Mistimed and unwanted pregnancies together constituted unintended pregnancies. As shown in [Figure 4.6.1](#), more than two thirds of all pregnancies between 1990 and 1993 were unintended and the vast majority of them were unwanted. A similar pattern was documented in 1999. Although the prevalence of unintended pregnancies decreased by 12%, from 68% to 60%, unwanted conceptions continued to prevail. In both surveys, about five times as many conceptions were unwanted as mistimed. The most likely explanation for this pattern may be the early start and completion of childbearing, which leaves later pregnancies at risk of being unwanted rather than mistimed. Both the 93RRHS and the 99RRHS documented that almost 9 out of 10

pregnancies reported as mistimed or unwanted were aborted and only 6%-8% of unintended conceptions were carried out to term (data not shown).

Data on pregnancy intendedness should be interpreted with caution. One common problem in collecting these data is that induced abortions are not always reported; abortion underreporting necessarily implies that unintended pregnancies will be underreported to the extent that abortions are underreported. Abortion underreporting does not appear to be a major concern in these surveys, however, because abortion rates calculated from both 93RRHS and 99RRHS exceeded recent officially reported levels. Another problem that might occur for pregnancies that end in live births is postpartum rationalization. Women are asked to report retrospectively their thoughts about the planning status of their pregnancies at conception. Some of them change their feelings after the child is born and may be reluctant to admit that it was an unintended pregnancy at conception. Therefore, the planning status of the last pregnancy almost certainly represents an underestimate of mistimed and, particularly, unwanted conceptions that ended in live births. Thus, data shown here represent conservative estimates of the true levels of unintended pregnancy.



Tables 4.6A and 4.6B present the percent distribution of women and men according to the reported planning status of the last pregnancy in the past five years, by selected characteristics. Despite the potential under-reporting of unintended conceptions, the figures show some important differences in the level of pregnancy intendedness among various subgroups. These data may underscore the need to address the risk of unintended pregnancy differently for various subgroups.

Only 44% of women of childbearing age, regardless of their marital status, said their most recent pregnancy was intended at the time of conception, whereas 9% reported it as mistimed and 47% as unwanted. Thus, more than one of two women reported their last pregnancy as unintended and most of them (84%) reported that the unintended pregnancy was unwanted rather than mistimed.

Figure 4.6.2
 Planning Status of the Last Pregnancy in the Last 5 Years
 By Pregnancy Outcome - Women Aged 15-44 Years
 Reproductive Health Survey: Romania, 1999

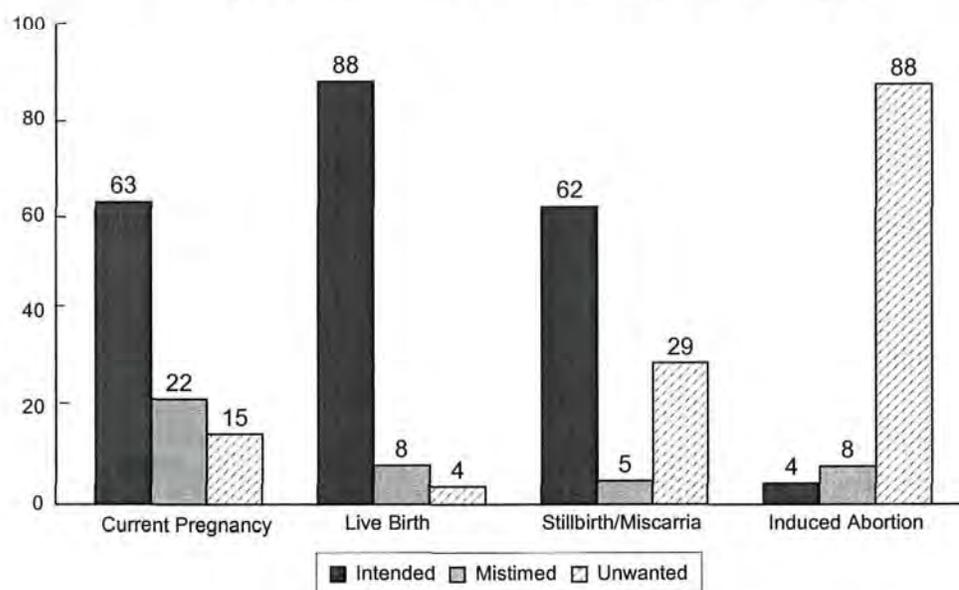


TABLE 4.6A
Planning Status of the Last Pregnancy Among Women 15–44 Years of Age
with at Least one Pregnancy Within the Past Five Years by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Planning Status of the Past Pregnancy</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Intended</u>	<u>Mistimed</u>	<u>Unwanted</u>	<u>Not Sure</u>		
Total	44.3	8.7	46.5	0.5	100.0	3,032
<u>Pregnancy Outcome</u>						
Current Pregnancy	62.9	21.8	14.6	0.8	100.0	195
Live Birth	88.0	8.1	3.7	0.2	100.0	1,196
Induced Abortion	4.4	7.9	87.5	0.2	100.0	1,423
Other Pregnancy Outcomes*	62.0	4.9	29.4	3.7	100.0	218
<u>Residence</u>						
Urban	40.6	8.7	50.2	0.5	100.0	1,532
Rural	49.6	8.6	41.4	0.5	100.0	1,500
<u>Age Group†</u>						
15–19	59.6	16.7	23.7	0.0	100.0	216
20–24	57.9	13.9	28.1	0.2	100.0	850
25–29	48.3	8.3	42.7	0.6	100.0	1,041
30–34	30.1	3.1	66.3	0.5	100.0	538
35–44	16.2	1.0	81.9	0.9	100.0	387
<u>Number of Living Children‡</u>						
0	33.6	19.4	46.6	0.4	100.0	258
1	54.8	9.9	35.0	0.3	100.0	1,296
2	39.1	5.6	54.7	0.6	100.0	1,055
3	27.6	4.9	66.3	1.2	100.0	239
4+	35.5	3.3	61.1	0.1	100.0	184
<u>Marital Status</u>						
Currently Married/In Union	45.8	8.2	45.4	0.5	100.0	2,779
Previously Married	39.4	10.2	50.3	0.2	100.0	174
Never Married	16.5	16.3	67.2	0.0	100.0	79
<u>Education Level</u>						
Secondary Incomplete	43.5	7.1	48.8	0.7	100.0	1,645
Secondary Complete	44.5	10.4	44.7	0.3	100.0	1,021
Postsecondary	47.3	10.2	42.5	0.1	100.0	366
<u>Socioeconomic Index</u>						
Low	47.3	8.5	44.0	0.3	100.0	1,268
Middle	42.2	8.9	48.2	0.7	100.0	1,285
High	43.4	8.5	47.8	0.2	100.0	479

* Includes pregnancies that resulted in stillbirth, miscarriage, or ectopic pregnancy.

† Age of woman at the time of pregnancy outcome.

‡ Women pregnant at the time of the interview were classified as having one more living child than the actual number.

TABLE 4.6B
Planning Status of the Last Pregnancy of Partners Of Men 15–49 Years of Age
That Resulted in a Live Birth Within the Past Five Years, by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Planning Status of Partner's Past Pregnancy</u> <u>Resulting in a Live Birth</u>				<u>No. of Cases</u>
	<u>Intended</u>	<u>Unintended</u>	<u>Not Sure</u>	<u>Total</u>	
Total	92.6	6.9	0.5	100.0	477
<u>Residence</u>					
Urban	91.4	8.1	0.6	100.0	213
Rural	93.7	5.8	0.4	100.0	264
<u>Age Group</u>					
15–19	*	*	*	*	3
20–24	97.1	3.0	0.0	100.0	33
25–29	94.6	5.4	0.0	100.0	171
30–34	93.6	6.5	0.0	100.0	166
35–39	90.2	8.1	1.7	100.0	75
40–49	86.8	13.3	0.0	100.0	29
<u>Number of Living Children</u>					
0	*	*	*	*	1
1	93.1	6.5	0.4	100.0	247
2	93.1	6.1	0.8	100.0	176
3+	88.3	11.7	0.0	100.0	53
<u>Education Level</u>					
Secondary Incomplete	92.8	6.3	0.9	100.0	271
Secondary Complete	94.6	5.6	0.0	100.0	144
Postsecondary	86.9	13.1	0.0	100.0	62
<u>Socioeconomic Index</u>					
Low	93.0	6.4	0.6	100.0	182
Middle	92.3	7.7	0.0	100.0	208
High	92.4	6.2	1.4	100.0	87

* Fewer than 25 cases in this category.

As shown in [Figure 4.6.2](#), a pregnancy's outcome and its planning status were strongly correlated. All but a small proportion of women whose last pregnancies resulted in a live birth said those births resulted from intended conceptions. By implication, very few unintended pregnancies (particularly unwanted ones) resulted in a live birth. Conversely, almost all women whose last pregnancy ended in induced abortion reported that the conception was unintended. It should be

noted that a relatively high proportion (21%) of women whose last pregnancy ended in miscarriage or stillbirth reported that it was an unwanted conception; this rate was almost six times the proportion of women with a live birth who reported an unwanted pregnancy. Although some of this difference may underscore the negative influence of unintendedness on pregnancy outcome, it is also plausible that some of these outcomes may have been induced abortions that were reported as spontaneous abortions or stillbirths.

No consistent relationship was apparent between the educational level of respondents and the planning status of their pregnancies. Planning status of the last pregnancy varied by residence, however: women in urban areas were somewhat more likely than women in rural areas to experience an unwanted pregnancy (50% vs. 41%). In addition, young adults were less likely to report an unintended pregnancy (40%-42%) than women aged 25-29 (51%), 30-34 (70%), or 35-44 (83%). Among 15-19- and 20-24-year-olds, many unintended pregnancies were mistimed, with an unwanted-to-mistimed ratio of 1.4:1 and 2.0:1. This ratio increased abruptly after age 24 as spacing failure was replaced by the desire to terminate childbearing, from 5.0:1 among 25-29-year-olds to 22:1 among 29-34-year-olds; after age 34, virtually all unplanned pregnancies were unwanted.

The same pattern was seen when the planning status of the last pregnancy was examined by the number of living children. Women with no or one child were less likely to report that their last pregnancy was unwanted than were women with two or more live births. Although young women and childless women reported slightly more mistimed pregnancies, the relatively high proportion of unwanted pregnancies among these subgroups may reflect poor understanding of the survey question, conflicting or ambivalent feelings about the last pregnancy, or indecision about childbearing.

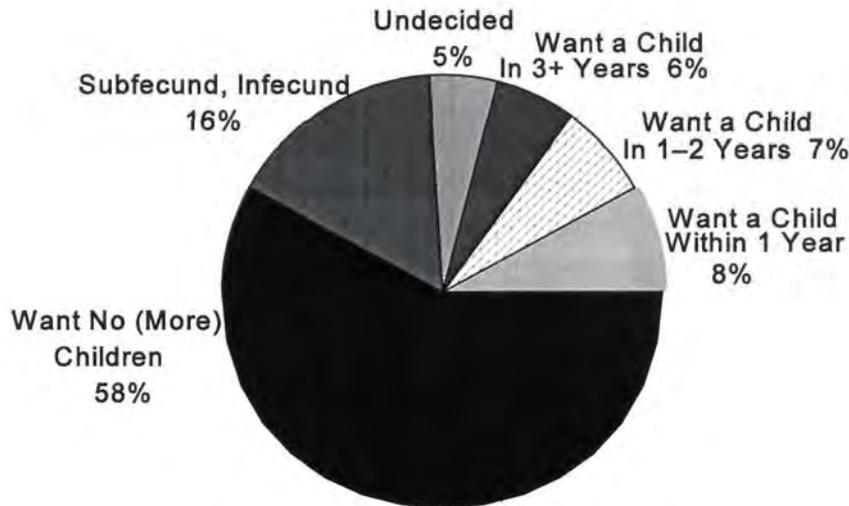
Pregnancy intendedness among men was measured differently: men were asked whether the pregnancy leading to the last live birth of their partner within the past five years was intended. Relatively few men (7%) reported that the pregnancy in question was unintended ([Table 4.6B](#)). This proportion was similar to the 12% of women reporting that their last live birth was unintended. As was the case for women, the proportion of unintended pregnancies was positively correlated with age and number of living children, but to a much less degree than among women.

4.7 Future Fertility Preferences

One of the important factors that health care providers should consider in their efforts to help couples avoid unintended pregnancies, particularly those unwanted, is fertility expectations, which may vary among different subgroups.

The preference among women for keeping family size small is reflected not only in low fertility and high abortion rates but also in the stated desires for additional children. In the 99RRHS,

Figure 4.7.1
Fertility Preferences Among Women Aged 15-44 Years
Currently in Union
Reproductive Health Survey: Romania, 1999



only 22% of women currently in union said they intended to have a child in the future, including 8% who wanted a child right away (within one year) and 13% who wanted to wait at least one year before having a or another child ([Table 4.7.1 A](#) and [Figure 4.7.1](#)). Fifty-eight percent of women in legal or consensual marriage do not want to have any more children. An additional 5% were unsure if they wanted to have more, and a substantial proportion (16%) said they could not have any more children.

The intention to have any (more) children decreased rapidly with increasing number of living children after a two-child family size was achieved. Among those with no living children, about two of three women wanted more children; this proportion dropped to one of three among one-child women and to less than 4% among women with two or more children. Of the vast majority of women who want more children, regardless of their parity, about half wanted to have another child(ren) within the next two years. Regardless of demographic or socioeconomic characteristics, most women had one or two children (see also Chapter HI) and had little desire to have more.

TABLE 4.7.1A
Fertility Preferences of Women Currently in Legal or Consensual Marriage Aged 15–44 Years
by Number of Living Children and by Age Group
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

Preference For Children	Total	No. of Living Children*				
		0	1	2	3	4+
Want a Child Now	4.9	23.9	4.0	1.0	1.0	2.2
Want a Child Within an Year	3.4	12.3	4.5	0.7	0.6	0.0
Want a Child After 1-2 Years	7.0	19.8	11.3	1.1	1.0	0.4
Want a Child After 3-5 Years	5.1	8.0	10.1	0.9	0.3	0.6
Want a Child Later than Five Years	1.2	1.7	2.1	0.4	0.4	0.1
Undecided	4.7	5.2	8.2	2.3	1.7	1.9
Want No (No More) Children	57.5	4.0	46.1	81.1	72.3	67.1
Subfecund, Infecund	16.3	25.2	13.7	12.5	22.9	27.7
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	4,846	569	1,776	1,755	439	307

Preference For Children	Total	Age Group					
		15–19	20–24	25–29	30–34	35–39	40–44
Want a Child Now	4.9	8.4	10.1	7.4	5.3	2.4	0.5
Want a Child Within an Year	3.4	8.7	6.1	5.9	4.2	0.9	0.1
Want a Child After 1-2 Years	7.0	19.3	19.8	12.5	4.4	0.6	0.0
Want a Child After 3-5 Years	5.1	26.0	15.7	8.7	1.6	0.2	0.0
Want a Child Later than Five Years	1.2	7.2	4.8	1.3	0.2	0.0	0.0
Undecided	4.7	5.5	7.9	7.7	6.8	1.5	0.5
Want No More Children	57.5	20.6	33.4	49.9	65.6	73.0	63.0
Subfecund/Infecund	16.3	4.4	2.4	6.5	12.0	21.3	35.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	4,846	116	664	1,071	1,201	846	948.0

* Women who were pregnant at the time of the interview are classified as having one more child than the actual number

TABLE 4.7.1B
Fertility Preferences of Men Currently in Legal or Consensual Marriage Aged 15–49 Years
by Number of Living Children and by Age Group
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

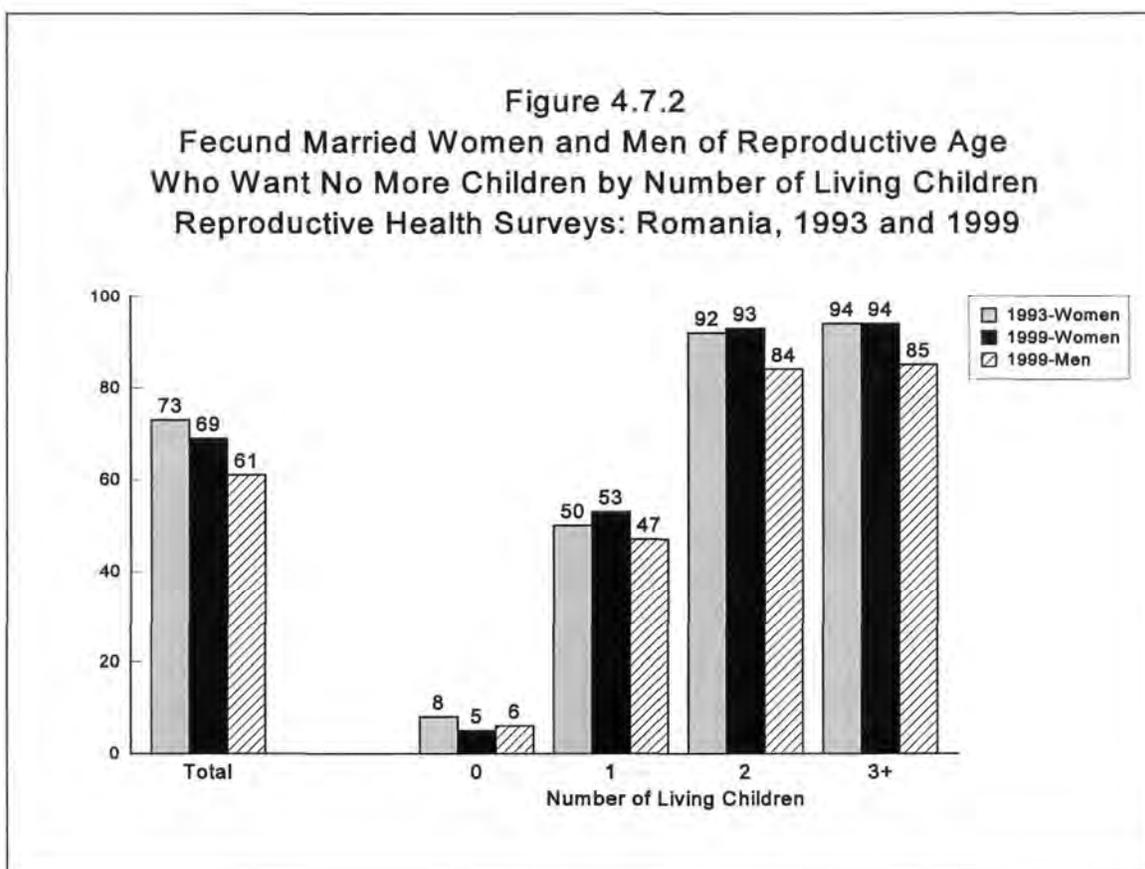
Preference For Children	Total	No. of Living Children*				
		0	1	2	3	4+
Want a Child Now	9.3	33.0	9.7	3.9	3.3	8.1
Want a Child Within an Year	4.1	10.9	6.0	1.4	1.2	1.1
Want a Child After 1-2 Years	9.8	20.1	16.8	3.0	3.8	0.0
Want a Child After 3-5 Years	4.9	11.1	7.5	2.2	0.5	0.9
Want a Child Later than Five Years	1.8	2.5	3.1	1.0	0.0	0.0
Undecided	4.1	1.3	5.4	3.9	4.1	3.1
Want No More Children	52.1	5.4	40.8	70.1	71.7	62.8
Subfecund/Infecund	13.9	15.8	10.9	14.5	15.3	24.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	1,595	184	576	615	148	72

Preference For Children	Total	Age Group					
		15–19	20–24	25–29	30–34	35–39	40–49
Want a Child Now	9.3	†	23.7	15.9	12.8	8.4	3.9
Want a Child Within an Year	4.1	†	9.1	5.7	8.2	1.8	1.8
Want a Child After 1-2 Years	9.8	†	23.7	27.6	12.5	4.9	1.9
Want a Child After 3-5 Years	4.9	†	22.0	15.5	4.8	1.5	0.3
Want a Child Later than Five Years	1.8	†	5.9	3.9	3.3	0.5	0.3
Undecided	4.1	†	4.6	6.8	7.3	3.9	1.6
Want No More Children	52.1	†	11.0	22.6	45.5	71.1	63.3
Subfecund/Infecund	13.9	†	0.0	2.0	5.6	7.9	26.9
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	1,595	3	74	253	338	277	650

* Men whose partners were pregnant at the time of the interview are classified as having one more child than the actual number
† Fewer than 25 cases in this category.

Younger women were much more likely than older women to want more children. The intention to have more children decreased from 70% among the youngest age group (15-19) to 44% for women aged 20-24, 36% among women aged 25-29, 16% among women aged 30-34, and fewer than 4% for women aged 35 and older. Among those who desired additional children, however, very young women were more likely than their older counterparts to want to wait one or more years to have a child. Only 24% of 15-19-year-olds wanted a child within a year, but 36%-37% of those aged 20-29 and 60% of those aged 30-34 did; very few women aged 35 and older wanted any more children, but most of those who did wanted to get pregnant within a year. These findings indicate that family planning programs should consider spacing methods for younger women and long-term or permanent birth limit methods for older women.

Men wanted to limit their future fertility to a slightly lesser extent than women did: 13% of men in legal or consensual marriage but 8% of women want a child within one year; 52% of men but 58% of women did not want to have any more children (Table 4.7.1.B). Fifteen percent of men want to wait at least one more year before having a child and an additional 5% were unsure if they wanted to have more. As is the case for women, a substantial proportion (14%) said they or their partners cannot have any more children. The intention of men to have any (more) children with



increasing number of living children, was similar to that of women. Among men with no living children (the top panel of the table) almost two of three wanted a child within the next two years; this proportion dropped to one of three among one-child men and to less than 10% among men with two or more children. Like women, of those men who wanted more children, regardless of their parity, almost half wanted to have another child(ren) within the next two years. Like women, most men, regardless of demographic or socioeconomic characteristics, had one or two children (see also Chapter III) and seemed to have little desire to have more than that.

TABLE 4.7.2A
Percentage of Fecund Women in Union Reporting They Want No More Children
by Number of Living Children and Selected Characteristics
Fecund Women 15–44 Years of Age
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Total</u>	<u>No. of Living Children*</u>				
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
<u>Total</u>	68.7	5.3	53.4	92.7	93.7	92.8
<u>Residence</u>						
Urban	69.7	5.5	60.0	95.4	94.6	95.0
Rural	67.2	5.0	40.9	88.6	92.9	91.4
<u>Age Group</u>						
15–24	32.3	2.0	33.3	83.2	†	†
25–34	63.5	5.3	49.4	88.7	89.3	84.8
35–44	95.4	34.6	91.9	98.1	98.1	96.5
<u>Education Level</u>						
Secondary Incomplete	72.9	5.0	48.0	91.3	93.7	93.4
Secondary Complete	67.4	4.2	56.0	94.0	92.1	†
Postsecondary	56.6	6.6	59.8	96.6	†	†
<u>Unweighted No. of Cases</u>	4,094	417	1,536	1,555	355	231

* Women who were pregnant at the time of the interview are classified as having one more child than the actual number.

† Fewer than 25 cases in this category.

TABLE 4.7.2B
Percentage of Men in Union Who Are Fecund and Whose Partners Are Fecund
Reporting They Want No More Children
by Number of Living Children and Selected Characteristics
Men 15–49 Years of Age
Reproductive Health Survey: Romania, 1999

<u>Characteristics</u>	<u>Total</u>	<u>Number of Living Children*</u>				
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
Total	60.7	6.0	47.2	84.1	85.3	84.2
<u>Residence</u>						
Urban	64.3	7.6	57.4	85.9	86.9	86.4
Rural	55.0	3.2	28.6	81.3	83.9	82.7
<u>Age Group</u>						
15–24	12.4	3.1	18.8	†	‡	‡
25–34	37.2	3.7	27.2	74.0	†	†
35–49	83.4	21.0	77.0	88.8	90.8	86.5
<u>Education Level</u>						
Secondary Incomplete	59.4	7.8	42.6	80.2	84.8	84.3
Secondary Complete	60.5	4.8	44.9	86.9	†	†
Postsecondary	64.4	2.2	60.0	91.0	†	†
<u>Unweighted No. of Cases</u>	1,357	175	500	508	124	50

* Men whose partners were pregnant at the time of the interview are classified as having one more child than the actual number
† Fewer than 25 cases in this category.
‡ Not applicable (no cases).

Among fecund women in union in 1999, 69% reported that they wanted to have no more children, but 73% did so in 1993 ([Table 4.7.2A](#) and [Figure 4.7.2](#)). About half of those with only one living child (53%) wanted no more children. In both surveys, virtually all women (over 92%) were ready to end childbearing by the time they had two children. Rural women, women younger than 35 years of age, and women with less education were slightly less likely report that they wanted to end childbearing at lower parity levels. Among fecund men in union, 61 % reported that they wanted to have no more children ([Table 4.7.2.B](#)). By the time men had two children, most (over 84%) wanted no more. Rural men and men younger than 35 years of age were less likely to report that they want no (more) children at lower parity.

CHAPTER V

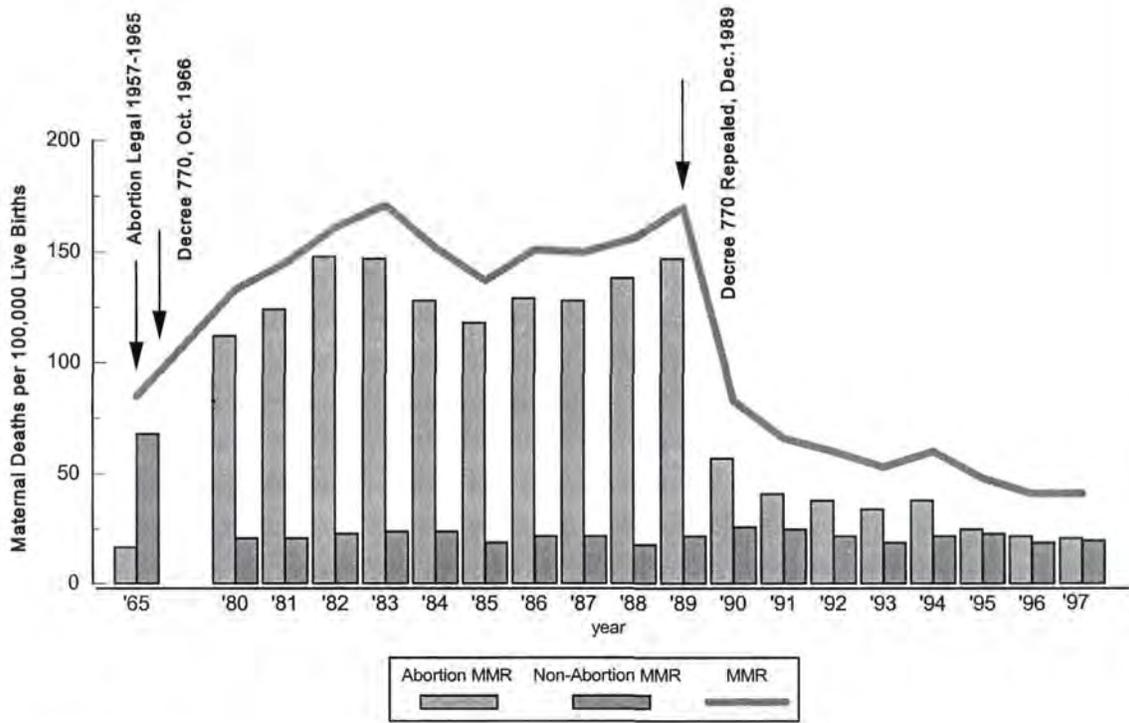
INDUCED ABORTION

In 1957, following the lead of the Soviet Union, Romania legalized abortion on request mainly to discourage unsafe abortion practices. For the next decade, abortion was the main method of fertility control; maternal mortality due to abortion was as low as 17 deaths per 100,000. In October 1966, however, Romania became the notable exception to the trend of readily available abortion in Eastern Europe when the Ceausescu government restricted access to abortion (Decree 770, October 1966) and contraception and instituted various surveillance measures (such as mandatory pelvic exams in the workplace and the presence of security police personnel in maternity hospitals) to ensure compliance. In an effort to stop the fertility decline, the government outlawed any means of modern contraception, introduced pronatalist incentives, and imposed harsh penalties on providers and seekers of induced abortions. Despite these penalties, the ban on family planning resulted in widespread use of illegal abortions, most of them self-induced or induced by lay persons. Romania soon became the country with the highest maternal mortality in Europe. The maternal mortality ratio (MMR) rose from 86 to 170 maternal deaths per 100,000 live births ([Figure 5.0](#)), which translated into almost 10,000 abortion-related maternal deaths between 1966 and 1989. In addition, it is estimated that at least 100,000 children were placed in state institutions by families who could not afford to raise them. Yet, in the long run, the pro-birth policy affected little the overall fertility rate.

In December 1989, during the democratic revolution and after the fall of the Ceausescu government, the restrictions on abortion and contraception were repealed. The effect of replacing the use of illegal, unsafe abortions with modern contraception and legal abortions was dramatically reflected in the prompt decline in maternal mortality. After 23 years of high rates of maternal mortality, more than 85% abortion related, the MMR decreased in one year by more than 50% (from 170 to 84 deaths per 100,000 births) and has continued to decrease due to the decline in the abortion-related deaths (21 abortion-related deaths per 100,000 live births in 1997).

In the early 1990s, women relied more on abortion than on contraception to control fertility. This situation has been attributed to health care providers' unfamiliarity with contraceptive methods after more than 20 years of medical isolation, to lack of available contraceptives, and to the legacy of public distrust of the medical establishment (as health care providers had been put in the roles of collaborators and informers for the previous regime). In such an atmosphere of distrust, women are more likely to seek an urgently needed procedure, such as abortion, than ongoing preventive care such as contraceptive services.

Figure 5.0
 Abortion and Non-abortion Maternal Mortality Rates
 Romania, 1965 and 1980–1997



Source: Center for Health Statistics and Information, Ministry of Health, Romania, 1998

In the early 1990s, perhaps in response to the recent liberalization of the abortion laws, Romania had the highest abortion rate in Europe and probably in the world. Since then, official statistics indicate that abortion rates have gradually declined (from 182 abortions per 1,000 women aged 15-49 in 1990 to 93 per 1,000 in 1994 and to 47 per 1,000 in 1998); at the same time, the abortion-to-live-birth ratio decreased from about three abortions for each live birth in 1990 to 2.1:1 in 1994, and to 1.1:1 in 1998.

In recent years, Romanians continued to report widespread use of induced abortion; among other Eastern European countries and Newly Independent States with adequate population-based data, these rates are comparable with those in the Russian Federation and higher than most other former Soviet-block countries, but substantially lower than those reported by women in the Republic of Georgia, whose total induced abortion rate is more than 50% higher than in Romania ([Table 5.0](#)).

Table 5.0
Three-Year Period* Age-Specific Induced Abortion (IA) Rates and Total IA Rates
per 1000 Women Aged 15–44
Demographic and Reproductive Health Surveys in Eastern Europe and Former Soviet Union
Countries, 1993–2000

<u>Country</u>	<u>Age Specific Fertility Rates (per 1000)[†]</u>						<u>Total</u>
	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	<u>Abortion</u>
							<u>Rate[‡]</u>
Czech Republic, 1993	NA	NA	NA	NA	NA	NA	1.6
Romania, 1993	32	153	209	167	79	40	3.4
Romania, 1999	26	101	119	105	58	21	2.2
Kazakstan, 1995	15	78	104	75	50	18	1.7
Kazakstan, 1999	12	57	87	65	44	20	1.4
Uzbekistan, 1996	2	18	32	36	23	15	0.6
Russia (three oblasts [§]), 1996	45/57/30	132/153/148	124/181/129	93/108/81	54/62/49	34/39/20	2.4/3.0/2.3
Russia (three oblasts [§]), 1999	43/63/26	143/169/98	91/141/83	96/120/134	51/73/67	34/58/19	2.3/3.1/2.1
Moldova, 1997	12	74	81	46	31	16	1.3
Kyrgyz Republic, 1997	6	57	77	81	58	22	1.5
Ukraine, 1999	13	91	91	69	33	18	1.6
Georgia, 1999–2000	30	164	192	180	123	50	3.7
Armenia, 2000	6	99	175	131	82	30	2.6

* Three years prior to the interview; age specific IA rates are reported per 1,000 women of specific age

† Age at Pregnancy Outcome

‡ Abortions per Woman.

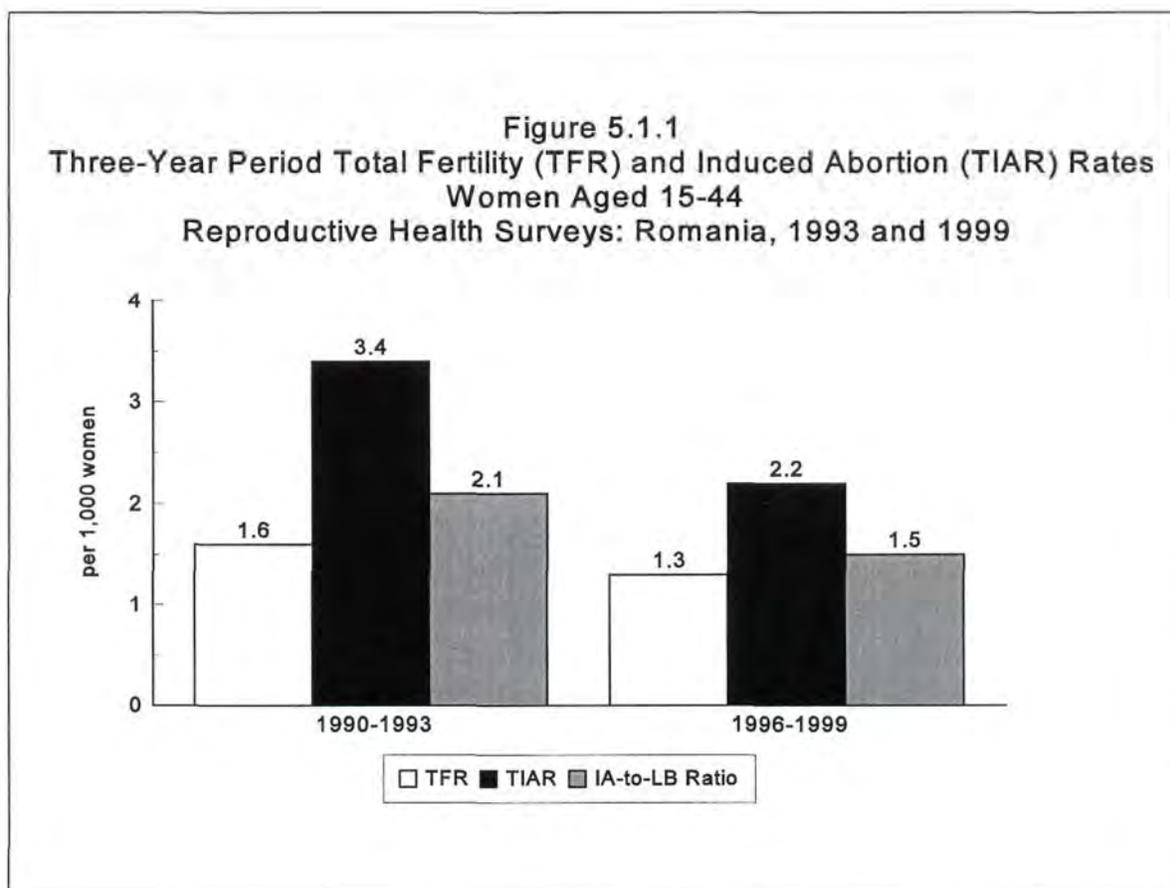
§ Yekaterinburg, Perm, and Ivanovo, respectively.

Source: Goldberg et al., 1993; VCIOM and CDC, 1998, 2000; KIIS and CDC, 2000; MACRO International, 1996–2000; Serbanescu et al. 1994, 1998, 2000.

5.1 Induced Abortion Levels

In the 99RRHS, the total abortion rate (similar to the total fertility rate describing the number of abortions a woman would have in her lifetime under the current age-specific abortion rates) was 70% higher than the total fertility rate (2.2 vs. 1.3). The ratio of induced abortions to live births was 1.6 abortions for each live birth, according to the survey estimates for the past three-year period (Figure 5.1.1). Because official data for 1999 were not yet available, annual abortion-to-live-birth ratios (data not shown) from the survey data were compared with official statistics for the most recent years (Center for Health Statistics and Information, Ministry of Health, 1999). Survey estimates were slightly higher than the official ratio published in 1997 (1.7 vs. 1.6) but 27% higher in 1998 (1.4 vs. 1.1).

Age-specific induced abortion rates represent the proportion of women in a specific age group who terminated pregnancy by induced abortion instead of giving birth within the three-year period preceding the survey. These rates were calculated by using the age of the woman at the time of pregnancy termination. Similar to the fertility pattern, the age pattern of induced abortions in Romania is concentrated at younger ages. The highest rate occurred among women aged 25-29



(119 per 1,000), followed by rates of 105 per 1,000 among 30-34-year-olds and 101 per 1,000 among 20-24-year-olds (Table 5.1). These age groups alone constituted 76% of the total induced abortion rate. Although the abortion rate decreased with increasing age, abortion rates were higher than fertility rates for women over age 30. These findings suggest that Romanian women completed their desired family size at younger ages, after which most pregnancies were unintended and were intentionally terminated. The benefit of permanent methods of contraception for these women is obvious, but fewer than 3% of all women were using these methods (see Chapter VIII), indicating that an information campaign is needed to explain the advantages of permanent methods.

TABLE 5.1
Three-Year Period Age-Specific Induced Abortion Rates (per 1000 Women Aged 15-44)
Among All Women and Among Those Who Had Ever Been Married
Reproductive Health Surveys: Romania, 1993 and 1999

<u>Age at Abortion</u>	<u>All Women</u>		<u>Women Ever Married*</u>	
	<u>1993†</u>	<u>1999‡</u>	<u>1993†</u>	<u>1999‡</u>
15-19	32	26	178	152
20-24	153	101	225	154
25-29	209	119	221	128
30-34	167	105	168	109
35-39	79	58	81	59
40-44	40	21	40	22
<u>Total Abortion Rate (No. per Woman)</u>	3.4	2.2	4.6	3.1

* Excludes induced abortions occurring before the date of first union for ever married women.

† Induced abortions occurring between July 1990 and June 1993.

‡ Induced abortions occurring between July 1996 and June 1999.

Induced abortion rates for married women were higher than those for all women and, by implication, higher than those for unmarried women. Since most women are married by age 29, among women aged 30 years and above, abortion rates differed little between married women and all women. The difference between these rates was greatest for young adults (15-24 years of age).

Since 1993, the total induced abortion rate (TIAR) declined by one third, from 3.4 to 2.2 abortions per woman and from 4.4 to 3.1 among married women. This decrease was consistent with the increased use of modern contraception (see Chapter VIII). The decline was notable in all age groups but occurred mostly among women 20-34 years of age.

Because age-specific abortion data from the official reporting system were not available for comparison, survey data on induced abortion were compared with the general abortion rate (number of abortions within a period of time to 1,000 women aged 15-49) published in the 1998 Annual Health Statistics Report (Center for Health Statistics and Information, Ministry of Health, 1999). The weighted sum of the age-specific abortion rates ([Table 5.1](#)) yielded a general abortion rate of 74 abortions per 1,000 women aged 15-44 during 1996-1999; this rate was 19% higher than the rate reported by official statistics (62 per 1,000 women aged 15-49 for 1996-1998).

5.2 Induced Abortion Differentials

Abortion rates between urban and rural residents differed slightly (2.0 vs. 2.0 abortions per woman), but it was less pronounced than the urban-rural fertility difference ([Table 5.2.1](#)). Women residing in Bucharest and the southeastern part of the country (Vallahia) had almost two lifetime abortions more than Transylvania residents and one abortion more than Moldovan residents. The TIAR was inversely correlated with education level; on average, women with a primary education had a TIAR almost three times higher than women with a postsecondary education. The age-specific induced abortion rate (ASIAR) among adolescent women with only a primary education was strikingly higher than that for 15-19-year-olds with more education. Specifically, the ASIAR among adolescent women in the lowest education category was four to five times higher than women with any secondary education and 40 times higher than women with a postsecondary education. Likewise, induced abortion rates were twice as high among low-SES women than among women with high SES (2.9 vs. 1.5), and the difference was more pronounced among 15-19-year-olds. Recourse to abortion was much higher among Roma women (TIAR=4.6) regardless of the age group (103 abortions per 1,000 women aged 15-19, 218/1,000 among women aged 20-24, 206 per 1,000 among women aged 25-29, 231 per 1,000 for women aged 30-34, 112 per 1,000 for women aged 35-40, and 49 per 1,000 for those aged 40-44 years).

Despite the substantial decline in abortion levels in recent years, the current levels of induced abortion are proof that abortion continues to play a considerably larger role than contraception in reducing fertility. One means to reduce unintended pregnancies resulting in abortion is to provide comprehensive family planning services. Not surprisingly, a larger share of the potential demand is among subgroups of women who have also reported higher rates of induced abortion (rural women, those less educated, women with two or more children, Roma women) indicating that access to services is not equal and that the family planning program needs to expand its reach.

TABLE 5.2.1
Three-Year Period* Age-Specific Induced Abortion Rates and Total Induced Abortion Rates
Women Aged 15–44, by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Age Specific Induced Abortion Rate (per 1000)[†]</u>						<u>Total Abortion Rate</u>
	<u>15–19</u>	<u>20–24</u>	<u>25–29</u>	<u>30–34</u>	<u>35–39</u>	<u>40–44</u>	<u>(No. per Woman)</u>
Total	26	101	119	105	58	21	2.2
Strata							
Urban	20	91	107	105	54	18	2.0
Rural	35	115	138	104	67	30	2.4
Region							
Bucharest	55	167	169	145	56	37	3.1
Vallahia	29	128	154	153	77	26	2.8
Transylvania	17	62	63	52	43	13	1.3
Moldova	22	78	108	86	55	15	1.8
Education							
Primary	80	141	176	156	86	23	3.3
Secondary Incomplete	19	164	143	109	43	17	2.5
Secondary Complete	16	78	114	101	64	19	2.0
Postsecondary	2	44	52	74	42	23	1.2
Socioeconomic Status							
Low	46	132	154	134	76	31	2.9
Middle	20	92	115	101	49	17	2.0
High	9	70	69	78	56	20	1.5
Ethnicity							
Romanian	22	98	120	100	54	20	2.1
Hungarian	24	31	40	46	69	26	1.2
Roma	103	218	206	231	112	49	4.6
Other	‡	‡	‡	‡	‡	‡	2.2

* Pregnancies ended in induced abortion between July 1996 and June 1999.

† Age at pregnancy outcome.

‡ Fewer than 25 cases in this category.

TABLE 5.2.2
Percentage of Women Who Had at Least One Abortion and Percent Distribution of Women
Who Ever Had an Induced Abortion by Number of Lifetime Abortions
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Ever Had an Abortion</u>		<u>Number of Lifetime Induced Abortions Among Women Who Ever Had An Abortion</u>						<u>No. of Cases</u>
	<u>%</u>	<u>No. of Cases</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4-5</u>	<u>6+</u>	<u>Total</u>	
Total	38.5	6,888	36.1	25.4	16.3	12.1	10.1	100.0	2,782
Residence									
Urban	40.4	3,906	36.1	25.3	17.7	11.5	9.3	100.0	1,646
Rural	35.2	2,982	35.9	25.7	13.5	13.3	11.6	100.0	1,136
Region									
Bucharest	52.5	534	27.9	27.6	19.8	14.8	9.8	100.0	291
Vallahia	43.5	2,537	28.3	23.4	17.8	15.4	15.0	100.0	1,205
Transylvania	29.6	2,328	51.9	27.4	12.6	5.6	2.6	100.0	705
Moldova	36.3	1,489	37.9	25.2	15.1	11.7	10.1	100.0	581
Age Group									
15-24	12.6	2,163	60.7	24.8	8.0	4.9	1.7	100.0	312
25-34	50.5	2,678	36.5	26.8	17.5	12.5	6.8	100.0	1,364
35-44	56.2	2,047	29.1	24.3	17.4	13.7	15.6	100.0	1,106
Education Level									
Secondary Incomplete	38.5	3,734	31.7	24.1	16.9	14.4	12.9	100.0	1,517
Secondary Complete	43.1	2,087	39.2	26.0	16.8	10.8	7.2	100.0	947
Postsecondary	30.5	1,067	45.5	29.5	12.7	6.4	5.9	100.0	318
No. Of Living Children									
None	10.4	2,330	65.5	20.8	9.8	2.3	1.5	100.0	265
One	49.3	1,927	40.9	27.2	15.7	9.9	6.2	100.0	933
Two	63.2	1,844	29.1	26.4	18.7	15.1	10.7	100.0	1,129
Three or More	58.1	787	24.5	22.5	15.7	15.5	21.9	100.0	455
Socioeconomic Status									
Low	38.3	2,382	33.7	25.4	14.5	13.4	12.9	100.0	969
Middle	39.6	3,076	36.3	24.0	18.3	12.5	8.9	100.0	1,266
High	36.7	1,430	38.7	28.5	14.6	9.5	8.6	100.0	547
Ethnicity									
Romanian	39.2	6,004	35.4	25.7	16.6	12.2	10.1	100.0	2,476
Hungarian	22.6	442	59.8	27.8	5.8	1.9	4.8	100.0	104
Roma	46.1	346	30.3	19.1	19.7	17.4	13.6	100.0	168
Other	37.5	96	43.4	30.7	10.9	9.9	5.2	100.0	34

Meeting the unmet need for modern contraception will require a substantial increase in programmatic and financial support compared with current levels of effort (see Chapter XI).

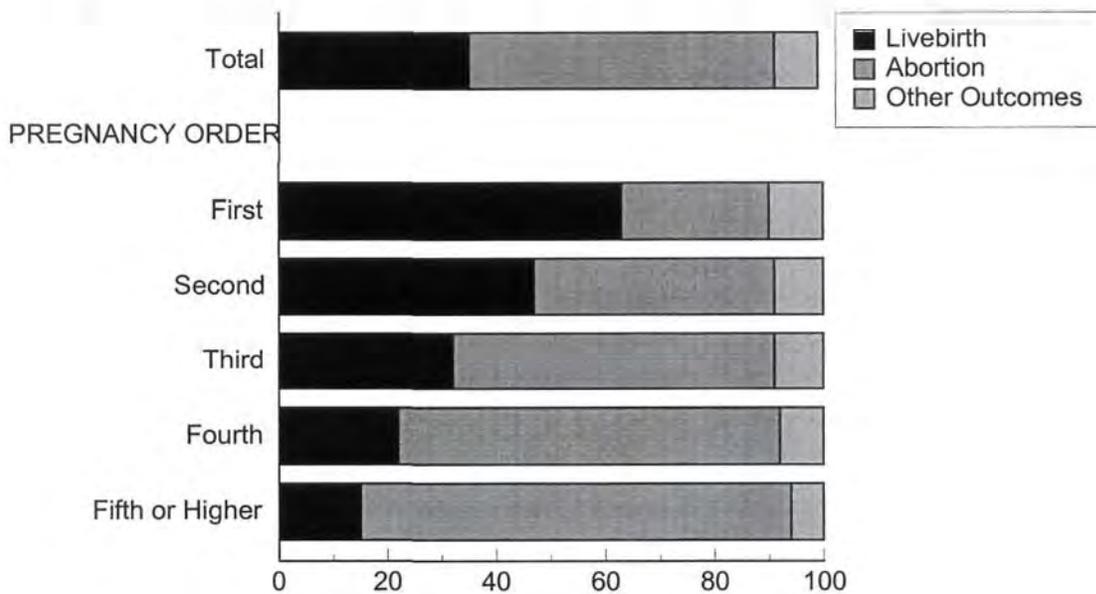
[Table 5.2.2](#) shows that slightly more than one third (39%) of all women of reproductive age reported having had at least one induced abortion. The likelihood of having an abortion was positively associated with age (that is, as exposure to pregnancy, particularly unintended pregnancy, increased with age). Although very few adolescents reported induced abortion (2%), the percentage rose to 16% by ages 20-24 and to over 50% among 25-34-year-olds and women aged 35 and older (data not shown).

The likelihood that a pregnancy would end in abortion varied directly with the number of living children, which was also correlated with age and a strong predictor of unintendedness, because Romanian women achieved their desired family size of one or two children fairly rapidly (see Chapter IV). It was also inversely correlated with education (from 39% and 43%, respectively, among less educated women to 31% among women with the highest education level). Having at least one abortion was more common among women living in Bucharest and Vallahia and among Roma women.

As shown in [Figure 5.2](#), the use of abortion was also heavily influenced by pregnancy order (pregnancy order refers to all prior pregnancies, including live births, induced abortions, miscarriages, or other outcomes). Women with no prior pregnancies were the least likely to have pregnancies ending in abortion (26%) and the most likely to have a live birth (63%). The likelihood of abortion increased rapidly if a woman had any prior pregnancies; from women with one prior pregnancy, whose likelihood of abortion was lower than that of having a live birth, to women with two prior pregnancies, who had an almost equal likelihood to resort to abortion or to keep the pregnancy, to women with three or more prior pregnancies, who were substantially more likely to end their pregnancies in abortion than in a live birth. Thus, the induced abortion to live birth ratio was directly correlated with pregnancy order, increasing from 0.4:1 among women with no prior pregnancy to about 1.0:1.0 among women with two prior pregnancies, to about 3.0:1.0 among women with four prior pregnancies, and 5.0:1.0 among those with five or more prior pregnancies.

Because not all women were exposed to the risk of an unplanned pregnancy and subsequent abortion, in the right panel of [Table 5.2.2](#) we restricted the denominator to include only women who ever had an abortion. Among these women, more than one of three (36%) reported they had only one abortion, 25% had two, 16% had three, and 12% four or five. One of 10 Romanian women reported six or more induced abortions in their lifetime. Women who reported multiple abortions were more likely to be older, less educated, of higher parity, have a low SES and Roma.

Figure 5.2
Percent Distribution of Pregnancies by Pregnancy Outcome by
Pregnancy Order
Pregnancies in the 5 Years Prior to the Survey - RRHS, Romania, 1999



5.3 Abortion Services

As is the case with all of the former Soviet-block countries, Romania was subject to the liberal abortion legislation and regulations issued by the former U.S.S.R. until 1966 when Ceausescu completely banned abortion on request (Decree 770 of Oct. 1966). In December 1999, when Decree 770 was repealed through a popular referendum, abortion was again made available on request within the first 12 weeks of gestation, as the former abortion legislation issued in 1957 was reinstated. Several additions and modifications were issued to introduce vacuum aspiration for early abortion, to permit induced abortion during the first 28 weeks of gestation on medical, genetic, judicial, and social grounds, and to regulate abortions performed by private practitioners.

Under the current law, induced abortion, performed by either vacuum aspiration or sharp curettage, is performed either in government facilities as an inpatient procedure (with admission and discharge in the same day of the abortion procedure, if no complications occur) or in private

obstetric/gynecology clinics or cabinets (normally, as an ambulatory procedure).

The 99RRHS collected information on the last four abortions performed since January 1994 in a detailed abortion history which included questions about the reason for abortion, place where the procedure was performed, payment, use of local or general anesthesia and antibiotics prescription, number of nights (if any) spent in the hospital after the procedure (abortion patients are released in the same day of the intervention if they do not have postabortion complications), and the presence or absence of early and late abortion complications. In an attempt to minimize recall bias, data were collected starting with the most recent procedure. Of 3,107 abortions reported to have occurred in 1994-1999, 95% were recorded in the abortion history.

Almost all aborted pregnancies (89%) were reported to be terminated in the first trimester of gestation (data not shown). Women's reports on this issue are subject to several possible biases, however, including irregular menses, problems in recalling the event, and reluctance to admit abortions beyond the legal gestational limit. Almost two thirds of all abortions (64%) were reported to be performed between 7 and 9 weeks of gestation, 21% under 7 weeks, 3% at 10-12 weeks, and 11% were reported at 13 weeks or more (late abortion). Numbers are too small to draw any statistical conclusions, but late abortion was reported more often by rural women and Roma and were inversely correlated to a woman's education and socioeconomic status.

By law, all abortions should be performed in hospitals or private clinics or cabinets by obstetric-gynecologists. As shown in [Table 5.3.1](#), the vast majority of induced abortions reported since 1994 were performed in gynecological wards (64%) and about a third were performed in private clinics or cabinets, up from 11% in the 93RRHS. In the 99RRHS, abortions performed in the private sector were more prevalent in urban areas (42%) than in rural areas (26%). There is little variation in the place of abortion by region, but abortions performed in Moldova (more rural than other regions) were the least likely to be performed in the private sector. Private sector abortions increased with education and socioeconomic levels, and were more likely to be early abortions (less than 7 weeks). Roma women were the least likely to report induced abortions in the private sector, probably because of their lower socioeconomic status and their greater likelihood to obtain late abortions.

Less than 1% of abortions were reported as being performed outside the health system. Since unsafe abortions (self-induced, performed by lay persons, or performed by doctors outside the health system) are illegal, it was likely that women were reluctant to admit these outcomes, in spite of the interviewer's assurance of anonymity.

TABLE 5.3.1
Place of Pregnancy Termination for Abortions Performed Since January 1994
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Place of Pregnancy Termination</u>			<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Gynecologic Ward</u>	<u>Private Clinic</u>	<u>Home</u>		
<u>Total</u>	63.7	35.8	0.6	100.0	2,902
<u>Residence</u>					
Urban	57.6	42.0	0.4	100.0	1,534
Rural	72.8	26.4	0.8	100.0	1,368
<u>Region</u>					
Bucharest	62.7	36.4	0.9	100.0	341
Vallahia	61.5	37.7	0.8	100.0	1,475
Transylvania	63.7	36.3	0.0	100.0	535
Moldova	70.9	29.1	0.0	100.0	551
<u>Age Group at Abortion</u>					
15-24	65.3	33.9	0.8	100.0	1,009
25-34	61.8	37.7	0.4	100.0	1,473
35-44	66.5	33.1	0.4	100.0	420
<u>Education Level</u>					
Secondary Incomplete	71.6	27.6	0.8	100.0	1,719
Secondary Complete	57.0	42.7	0.3	100.0	918
Postsecondary	41.6	58.4	0.0	100.0	265
<u>Socio-economic Status</u>					
Low	76.2	23.0	0.8	100.0	1,249
Middle	60.1	39.4	0.5	100.0	1,230
High	44.4	55.6	0.0	100.0	423
<u>Ethnicity</u>					
Romanian	62.4	37.1	0.5	100.0	2,526
Hungarian	61.9	38.1	0.0	100.0	87
Roma	76.5	22.1	1.4	100.0	260
Other	58.9	41.1	0.0	100.0	29
<u>Gestational Age at Abortion</u>					
≤ 6 weeks	56.3	42.7	1.0	100.0	605
7-12 weeks	65.4	34.2	0.4	100.0	1,951
≥ 13 weeks	66.9	32.4	0.8	100.0	346

TABLE 5.3.2
Length of Hospitalization for Abortions Performed Since January 1994
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	No. of Nights Hospitalized					Total	No. of Cases
	None	One	Two	Three	Four or More		
Total	93.5	0.7	0.4	0.8	4.7	100.0	2,902
Residence							
Urban	94.4	0.3	0.4	0.8	4.1	100.0	1,534
Rural	92.1	1.2	0.5	0.7	5.6	100.0	1,368
Region							
Bucharest	91.2	0.2	0.5	0.3	7.9	100.0	341
Vallahia	94.4	0.6	0.3	0.8	3.9	100.0	1,475
Transylvania	92.8	0.7	0.5	1.0	5.0	100.0	535
Moldova	94.1	1.3	0.5	1.0	3.1	100.0	551
Age Group at Abortion							
15-24	95.0	0.7	0.3	0.7	3.2	100.0	1,009
25-34	93.4	0.4	0.4	0.9	5.0	100.0	1,473
35-44	90.6	1.5	0.6	0.5	6.7	100.0	420
Education Level							
Secondary Incomplete	92.3	0.9	0.6	0.8	5.4	100.0	1,719
Secondary Complete	94.9	0.4	0.3	0.8	3.7	100.0	918
Postsecondary	95.5	0.2	0.0	0.5	3.8	100.0	265
Socioeconomic Status							
Low	92.4	1.1	0.2	1.1	5.3	100.0	1,249
Middle	93.2	0.4	0.7	0.7	5.1	100.0	1,230
High	96.7	0.4	0.2	0.2	2.5	100.0	423
Ethnicity							
Romanian	94.0	0.8	0.3	0.5	4.4	100.0	2,526
Hungarian	95.2	0.0	0.0	0.0	4.8	100.0	87
Roma	87.8	0.1	0.8	3.2	8.1	100.0	260
Other	95.2	0.0	4.8	0.0	0.0	100.0	29
Gestational Age at Abortion							
≤ 6 weeks	94.7	0.5	0.0	0.5	4.2	100.0	605
7-12 weeks	94.3	0.6	0.6	0.6	3.9	100.0	1,951
≥ 13 weeks	86.4	1.2	0.1	2.3	10.0	100.0	346
Early Complications							
Absent	96.6	0.5	0.3	0.2	2.5	100.0	2,661
Present	56.0	3.0	1.9	7.6	31.6	100.0	241

Although abortion is an inpatient procedure, patients are generally released within the same day and do not have to spend the night in the hospital. Survey results showed that the majority of women (94%) who had an abortion since 1994 was released the same day of the abortion procedure (Table 5.3.2). Overall, 1% of women had to be hospitalized for one night, 1% for two or three nights, and 5% for four nights or more. The length of hospital stay varied with the woman's characteristics, gestational age, and presence or absence of abortion complications.

Hospital stay was slightly longer in Bucharest than in other regions. For all women, abortion hospitalization was directly correlated with a woman's age and inversely correlated with her socioeconomic status. Hospitalization was directly correlated with gestational age, increasing from 5% for early abortions to 14% for abortions performed after 12 weeks of gestation, probably because of the type of abortion procedure and the risk of complications, which is strongly affected by gestational age. Almost half of the abortions with early complications required at least a one-night stay, and one third required hospitalization for four or more nights.

At the time of the survey, abortion procedures officially cost about 65,000 lei (about US\$:5.00) and were free of charge for women with four or more children. The average amount paid for an abortion was 92,000 lei, ranging from no payment to one million lei; the mean amount paid was higher than the official amount because about one third of abortions were performed in the private sector, where charges are not regulated and are usually higher than in governmental hospitals (Table 5.5.3). Furthermore, the dollar-lei exchange rate changed considerably in the past five years, the cost of living increased substantially, and the value of the local currency declined. Thus, the average abortion cost doubled, from 47,000 lei in 1994-1995 to 80,000 lei in 1996-1997 and 138,000, on average, in 1998-1999. Only 6% of abortions were performed at no charge; 30% of abortion payments were 60,000 lei or less, 18% were between 101,000 and 300,000 lei, and 2% were over 300,000 lei. For about one in four women (28%), the payment was a gift of unknown value or the amount paid was not recalled.

Women in rural areas, those living in Transylvania or Moldova, older women, and Roman women (who also were more likely to have four or more children) were more likely to have had a free abortion or to pay less than other women. The cost of abortions performed in private clinics or offices was 40% higher than abortions performed in maternity wards and hospitals (78,000 lei vs. 118,000 lei); the gap between abortion payments in governmental and private facilities widened over time. Between 1994 and 1995 the mean abortion payment in the private sector was only 20% higher than the cost in the governmental sector (54,000 vs. 45,000 lei); in 1998-1999 the difference was over 50% (173,000 vs. 112,000 lei).

TABLE 5.3.3
Cost of Abortions Performed Since January 1994
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Mean Payment</u> [†]	<u>Cost of Abortion (in lei)</u> [*]						<u>Total</u>	<u>No. of Cases</u>
		<u>None</u>	<u>60,000 or Less</u>	<u>61-100,000</u>	<u>101-300,000</u>	<u>Over 300,000</u>	<u>Do Not Remember</u>		
Total	92,000	5.8	29.9	17.6	17.6	1.5	27.6	100.0	2,902
Residence									
Urban	99,200	4.6	29.1	17.6	17.9	2.2	28.6	100.0	1,534
Rural	81,600	7.7	31.0	17.5	17.2	0.5	26.0	100.0	1,368
Region									
Bucharest	120,300	2.5	26.1	15.5	21.9	3.3	30.7	100.0	341
Vallahia	90,200	5.1	27.2	19.0	17.6	0.8	30.3	100.0	1,475
Transylvania	80,900	9.3	36.0	15.6	16.5	1.5	21.2	100.0	535
Moldova	81,600	7.9	34.9	17.8	14.2	1.8	23.4	100.0	551
Age Group									
15-24	94,300	5.9	29.4	17.7	16.7	2.0	28.3	100.0	1,009
25-34	96,200	4.3	29.3	18.1	18.6	1.6	28.2	100.0	1,473
35-44	74,200	11.2	32.7	15.5	16.2	0.5	24.0	100.0	420
Socio-economic Status									
Low	80,700	9.1	32.5	17.0	18.1	0.6	22.7	100.0	1249.0
Middle	94,500	3.2	30.2	19.1	16.3	1.7	29.4	100.0	1230.0
High	115,300	5.3	22.9	14.9	19.8	3.2	33.9	100.0	423.0
Ethnicity									
Romanian	92,600	5.1	30.0	18.1	17.1	1.7	28.0	100.0	2,526
Hungarian	82,200	6.9	38.4	9.1	22.6	0.0	23.1	100.0	87
Roma	85,200	12.6	24.8	16.6	19.9	0.1	25.8	100.0	260
Other	133,200	0.0	40.1	2.5	25.2	7.9	24.3	100.0	29
Gestational Age at Abortion									
≤ 6 weeks	96,400	5.1	31.4	15.4	19.3	2.6	26.2	100.0	605
7-12 weeks	89,500	5.9	30.5	17.6	16.9	1.1	28.0	100.0	1,951
≥ 13 weeks	98,600	7.2	23.4	21.2	18.6	2.0	27.7	100.0	346
Place of Abortion									
Gynecologic Ward	77,700	8.2	33.5	15.4	13.3	1.1	28.4	100.0	1,857
Private Clinic or Office	118,400	0.4	23.7	21.5	25.4	2.3	26.6	100.0	1,026

* at the time of the survey approximately 15,000 lei = US\$1.

† Mean payment per abortion does not include non-monetary payments or payments of unknown amount.

5.4 Reasons for Abortion

More than half (53%) of abortions were performed for limiting childbearing, 30% for economic or social reasons (low income, unemployment, fear of losing their job), 11% for partner related reasons, including 6% of abortions to women who had out of wedlock pregnancies or were separated from their partners), 4% for medical reasons (pregnancy was threatening the woman's health), and 3% for birth defects ([Table 5.4](#) and [Figure 5.4](#)).

The use of abortion for limiting childbearing was mentioned slightly more often by rural women (who had a higher mean number of living children than urban women), women who resided in Vallahia, women over 34 years of age (who also had more children), and by Romanian and Hungarian women; this reason was positively correlated with pregnancy order, from 33% among first-order pregnancies to over 60% for third- or higher-order pregnancies. Socioeconomic reasons were reported by more than one third of women in Bucharest (36%), where life is more expensive and adequate housing is an increasing problem, and reported less by women with postsecondary

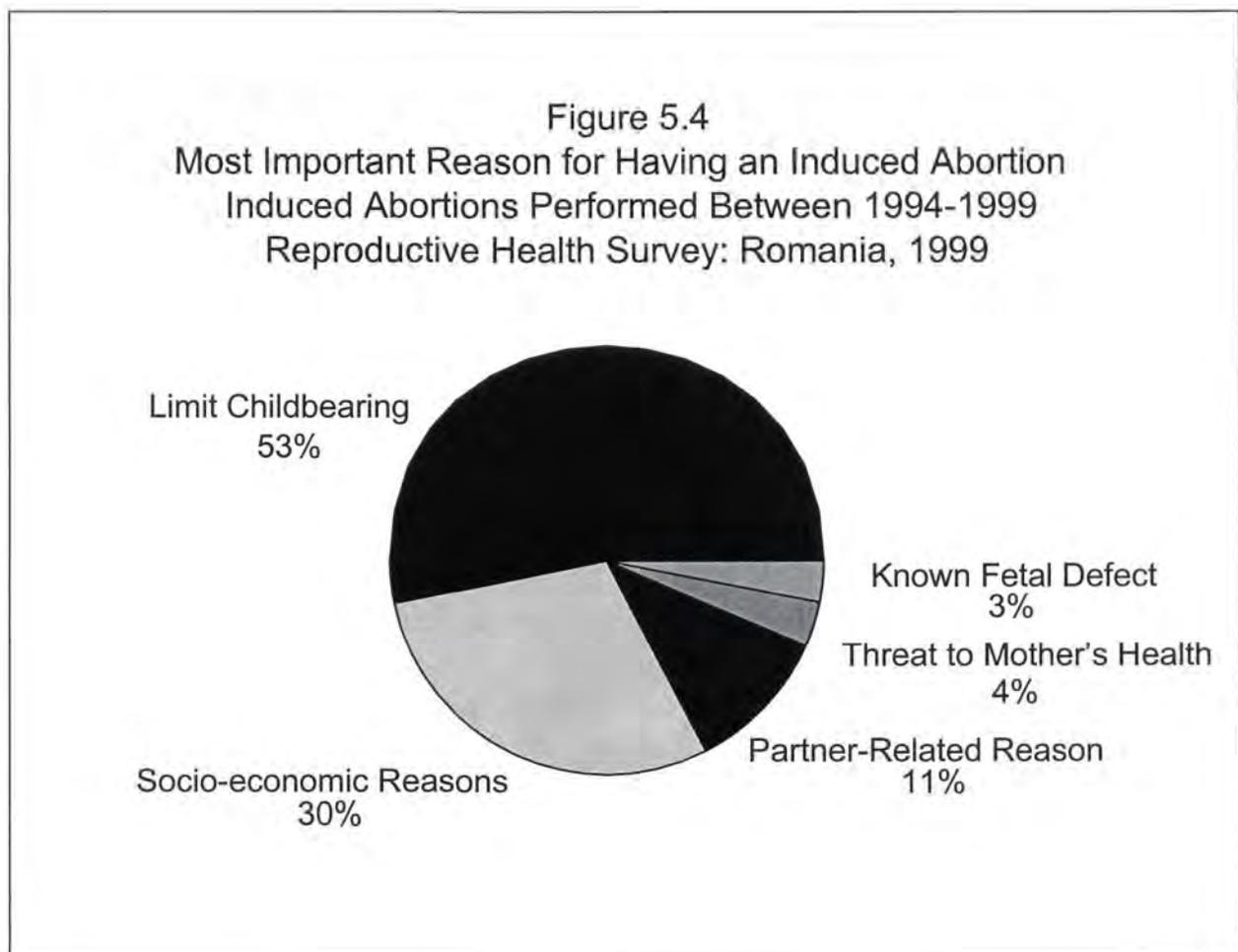


TABLE 5.4
Most Important Reason for Abortion
Abortions Performed Between 1994 and 1999 by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Reason for Abortion</u>						<u>Total</u>	<u>No. of Cases</u>
	<u>Limit Fertility</u>	<u>Socio-economic</u>	<u>No Partner</u>	<u>Partner Opposes Birth</u>	<u>Threat to Mother's Health</u>	<u>Known Fetal Defect</u>		
Total	53.4	29.5	6.4	4.2	3.4	3.1	100.0	2,902
<u>Residence</u>								
Urban	51.2	30.1	7.3	3.9	3.7	3.8	100.0	1,534
Rural	56.7	28.5	5.2	4.6	3.0	2.0	100.0	1,368
<u>Region</u>								
Bucharest	46.3	36.0	6.3	2.2	5.5	3.7	100.0	341
Vallahia	59.4	24.8	5.3	4.9	2.7	2.9	100.0	1,475
Transylvania	54.6	24.5	8.4	4.3	4.1	4.1	100.0	535
Moldova	42.6	41.5	7.7	3.9	2.4	1.9	100.0	551
<u>Age Group at Abortion</u>								
15-24	50.0	32.2	5.5	4.6	4.1	3.5	100.0	1,009
25-34	50.7	30.4	8.3	4.1	3.2	3.3	100.0	1,473
35-44	69.4	20.9	1.9	3.5	2.9	1.4	100.0	420
<u>Education Level</u>								
Secondary Incomplete	55.0	30.1	5.1	4.2	3.2	2.4	100.0	1,719
Secondary Complete	52.1	30.5	7.5	2.9	3.6	3.4	100.0	918
Postsecondary	48.9	23.0	10.5	7.6	4.2	5.7	100.0	265
<u>Socio-economic Status</u>								
Low	52.1	32.2	5.4	4.0	3.2	3.0	100.0	1,249
Middle	53.4	30.1	6.8	4.5	2.9	2.4	100.0	1,230
High	56.5	21.8	7.9	3.6	5.3	5.0	100.0	423
<u>Ethnicity</u>								
Romanian	54.0	28.8	6.5	3.9	3.5	3.3	100.0	2,526
Hungarian	55.4	23.6	10.7	3.8	3.1	3.4	100.0	87
Roma	48.5	35.8	4.8	7.1	2.5	1.2	100.0	260
Other	43.6	47.3	0.0	1.3	3.1	4.8	100.0	29
<u>Marital Status at Abortion</u>								
Married	56.1	29.8	3.1	4.0	3.6	3.3	100.0	2,578
Not Married	35.6	27.5	28.2	5.2	2.0	1.5	100.0	324
<u>Pregnancy Order</u>								
First	32.6	28.3	22.3	4.9	6.3	5.6	100.0	263
Second	40.2	32.8	11.4	6.0	5.8	3.9	100.0	403
Third	49.6	32.9	6.6	4.0	3.1	3.9	100.0	488
Fourth or Higher	61.8	27.8	2.2	3.6	2.4	2.2	100.0	1,748

education and the highest SES. This reason was also claimed more often by women residing in Moldova (42%), and by Roma women (36%) and women of "other" ethnic groups.

Partner-related reasons were more common among women who were not married by the time they got pregnant, and among those who were pregnant for the first time. Women with higher levels of education were slightly more likely to report partner's opposition to have another child than were women with less than complete secondary education. Health-related reasons were more often reported by residents of Bucharest and women of high SES. Similarly, the risk of birth defects was mentioned more often by urban women (including Bucharest) and residents of Transylvania region, and increased with education and SES. Almost 6% of first pregnancies were terminated because of known risk of fetal malformation.

5.5 Abortion Complications

Induced abortions—even legal ones—are associated with a certain risk of postoperative complications, whose incidence and severity are strongly correlated with age of gestation, parity, woman's age, surgical procedure and operator's skills, type of anesthesia, and preexisting pathology (Henshaw, 1990). For example, abortions performed at 7-9 weeks of gestation have significantly fewer complications than those performed before 7 weeks and those performed at 10-14 weeks. Abortions performed by vacuum aspirations, with or without cervical dilatation, have fewer complications compared with the classic sharp curettage. First-trimester abortion complication rates from studies performed in developed countries ranges from 0.9 per 100 abortion procedures in the United States (Hakim-Elahi et al., 1990) to 6.1 per 100 in Denmark (Heisterberg and Kringlebach, 1989) but, in the absence of an international definition of abortion morbidity, comparisons between countries should be interpreted with caution.

Survey estimates of postabortion complications are usually based on symptoms or conditions reported by respondents and may be less accurate than hospital based statistics. In Romania, 10% of all abortions performed since 1994 were followed by immediate complications (8%) or late sequelae (2%) ([Table 5.5.1](#)). This was consistent with the level of postabortion complications documented by the 93RRHS (7% and 2%, respectively). Rural women and those living in Moldova were slightly more likely to report postabortion complications. Early complications were slightly more prevalent among women with low education (data not shown) and low SES, and more prevalent among Roma women (13%) and among women with second- trimester abortions (13%). Abortions with early complications were more likely to be followed by late sequelae (at six months or more after the abortion was performed).

Table 5.5.1
Induced Abortions Performed Since January 1994 with Early and Late Complications,
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Early Complications</u>		<u>Late Complications*</u>	
	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>
Total	7.7	2,902	2.3	2,785
<u>Residence</u>				
Urban	6.8	1,534	2.0	1,480
Rural	8.9	1,368	2.9	1,305
<u>Region</u>				
Bucharest	7.9	341	2.7	332
Vallahia	6.9	1,475	2.5	1,420
Transylvania	7.0	535	1.4	515
Moldova	10.5	551	2.6	518
<u>Age Group at Abortion</u>				
15-24	7.6	1,009	2.0	970
25-34	7.6	1,473	2.5	1,409
35-44	8.3	420	2.7	406
<u>Socio-economic Status</u>				
Low	9.7	1,249	2.9	1,189
Middle	7.4	1,230	2.3	1,191
High	3.6	423	1.1	405
<u>Ethnicity</u>				
Romanian	7.2	2,526	2.2	2,420
Hungarian	7.9	87	0.0	86
Roma	12.8	260	4.3	251
Other	3.6	29	7.3	28
<u>Gestational Age at Abortion</u>				
≤ 6 weeks	7.6	605	2.0	570
7-12 weeks	6.9	1,951	1.7	1,885
≥ 13 weeks	12.5	346	7.1	330
<u>Place of Abortion</u>				
Gynecologic or Maternity Ward	8.9	1,857	2.8	1,792
Private Clinic or Cabinet	5.3	1,026	1.3	974
Home	†	19	†	19
<u>Early Complications</u>				
Absent or unknown	0.0	2,661	1.5	2,567
Present	100.0	241	13.9	218

* Include sequelae at six months after the abortion (117 cases with less than six months since abortion were excluded). Respondents experiencing more than one type of complication were asked to report only the most severe one.

† Fewer than 25 observations in this category.

TABLE 5.5.2
Induced Abortions Performed Since January 1994 with Early Complications
by Type of Complication By Gestational Age
Reproductive Health Survey: Romania, 1999

<u>Early Complications</u>	<u>Total</u>	<u>Gestational Age at Abortion</u>		
		<u>≤ 6 weeks</u>	<u>7–12 weeks</u>	<u>≥13 Weeks</u>
Severe or Prolonged Bleeding	66.1	68.4	65.3	65.8
Prolonged Pelvic Pain	58.6	62.7	56.0	62.5
Infectious Vaginal Discharge	45.2	46.3	45.6	43.0
High Fever	43.2	45.7	37.7	58.2
Uterine Perforation	6.6	4.4	5.5	12.9
Other	10.8	4.5	10.7	18.6
<u>No. of Abortions with Early Complications</u>	241	52	149	40

Most of the early complications involved severe or prolonged bleeding (66%), prolonged pelvic pain (59%), pelvic infection (45%), and high fever (43%); about seven percent of complicated abortions had perforations of the uterus and 10% were accompanied by other complications ([Table 5.5.2](#)). Except for uterine perforation, it is difficult to assess how serious the other early complications might have been. An indirect approach to measure severity is to consider early complications as serious when they required overnight hospitalization or were followed by late complications. Almost half of immediate complications (44%) required one or more nights of hospitalization and 14% were associated with late complications. The prevalence of early complications increased directly with gestational age.

CHAPTER VI

MATERNAL AND INFANT HEALTH

Maternal and infant mortality are measures of a nation's health and world-wide indicators of social well-being. As of 1998, the last year for which comparison data were available, Romania had the second-highest maternal mortality ratio (41 deaths per 100,000 live births) among Eastern European countries, after the Russian Federation (50 deaths per 100,000 live births) (World Health Organization, 1999). As of 1998, the infant mortality rate in Romania (20.5 infant deaths per 1,000 live births) ranked the second highest in Central and Eastern Europe (Population Reference Bureau, 2000).

In Romania, women's access to perinatal care was free of charge for many years. Currently, under the new health care reform, it is included in the basic health care package. Perinatal care consists of three components: preconception care, prenatal care, and postnatal care. Preconception counseling and prenatal care are generally offered by primary care providers and consists of a wide array of information, including risks associated with pregnancies, health risk factors that can affect the development of the fetus (e.g., tobacco and alcohol), maternal infection (e.g., rubella, toxoplasma, HIV and other sexually transmitted diseases), risks associated with maternal health conditions, and risks associated with genetic conditions. In Romania, preconception counseling is offered only to young couples before marriage, without any follow-up before they plan to start childbearing. Preconception counseling is not provided during routine health care visits in spite of the essential role the primary care provider could play in modifying women's health behaviors (many healthy behaviors must be in place before pregnancy is recognized) and in identifying medical conditions that may require special attention during pregnancy.

The use of timely and periodic prenatal care can effectively reduce perinatal mortality and morbidity. The Romanian Ministry of Health recommended number of prenatal care visits for women with uncomplicated pregnancies carried out to term is at least 10 prenatal visits. As part of comprehensive prenatal care, health risk assessment should include, in addition to the medical examination, an initial series of laboratory investigations (blood, urine, vaginal bacteriological exams, screening for sexually transmitted diseases and isoimmunization Rh) that will be repeated periodically. This chapter examines selected aspects of maternal and child care in Romania (e.g., sources of health care, utilization of maternal care services, quality of care), to identify subgroups with specific needs for care and to investigate maternal and child health outcomes that may be related to the availability and quality of maternity care services. All this information can be used to help direct or modify program interventions.

6.1 Prenatal Care

This section describes the use of prenatal care for all pregnancies carried to term (either live births or still births) since January 1994. Women were asked in what week or month of gestation they had their first visit for prenatal care (not counting a visit that was just for a pregnancy test or just for the delivery) and the number of prenatal care visits during pregnancy. Of the 2,040 births during the five years prior to the 99RRHS, the majority of women (89%) had received some prenatal care but less than two thirds (60%) had received their first prenatal care visit in the first trimester ([Table 6.1.1](#)). Approximately one in four women had the first visit during the 2nd trimester and 4% during the third trimester.

The level of any prenatal care within different subgroups varied sometimes by a considerable margin (between 70% and 95%). Rural women, residents of Vallahia, those who did not complete secondary education or had a low SES, Roma women, and women who had already had two or more births, were more likely to not have any prenatal care. Similarly, the percentage of infants whose mothers entered prenatal care in the first trimester varied widely, from a low of 45% to a high of 84%. Women living in urban areas were more likely to start prenatal care earlier than women in rural areas (68% vs. 58%). Early entry into prenatal care was higher among women living in Transylvania (71%) than women living in other regions, including Bucharest. The likelihood of early prenatal care was slightly higher among young adults (65%) than among older women. Early entry into prenatal care was highly correlated with mother's education; women who had not completed high school had a lower likelihood of initiating prenatal care early (53%) compared with women with higher education levels (69% and 77%). In addition, 16% of these women had reported no prenatal care, whereas only 5% of women with a postsecondary education had no prenatal care. Similarly, women with low SES had much lower likelihood of initiating prenatal care early. Among various ethnic groups, Hungarian women had the highest rates of early prenatal care (84%) and Roma women had the lowest rate (45%). Births preceded by one or two previous births (birth order three or higher) had the lowest rate of early prenatal care (45%). Low birth weight was positively correlated with prenatal care, probably because these pregnancies were more likely to be associated with complications during pregnancy which required close medical supervision (not shown).

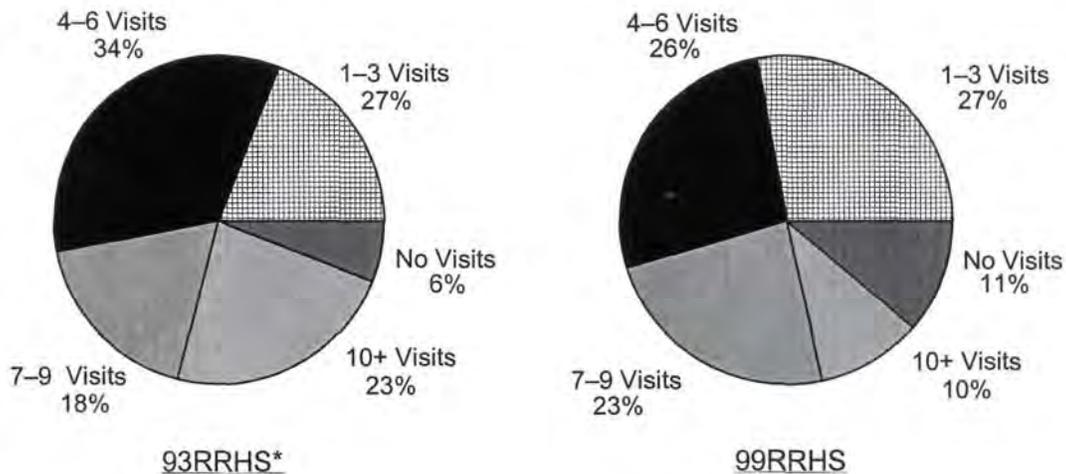
Prenatal care should not only start early but also should continue throughout pregnancy, according to recommended standards of periodicity. To assess the adequacy of prenatal care, it is necessary to monitor not only the time of first visit but also the number of prenatal care visits once care has begun.

Overall, pregnancies ending in the five years prior to the survey averaged 5 prenatal visits, and ranged from 0 visits to 30 visits (data not shown). Among women with any prenatal care, the

TABLE 6.1.1
First Prenatal Care Visit by Pregnancy Trimester and Number of Prenatal Visits for
Births in 1994–1999
Reproductive Health Survey: Romania, 1999

Characteristic	Trimester of First Visit				Number of Prenatal Visits							No. of Cases
	No Visits	1st	2nd	3rd	0	1-3	4-6	7-9	10+	Don't Know	Total	
Total	11.4	60.3	23.9	4.4	11.4	27.3	26.4	23.1	9.6	2.2	100.0	2,040
Residence												
Urban	9.4	67.4	20.4	2.8	9.4	18.9	25.6	29.4	14.4	2.2	100.0	791
Rural	13.1	54.2	26.9	5.8	13.1	34.5	27.1	17.7	5.4	2.3	100.0	1,249
Region												
Bucharest	13.1	55.8	27.2	3.9	13.1	21.2	27.3	17.3	16.4	4.7	100.0	129
Vallahia	15.8	52.1	26.6	5.5	15.8	34.2	24.1	17.3	6.9	1.7	100.0	719
Transylvania	6.2	70.6	19.7	3.5	6.2	21.0	27.7	31.7	11.0	2.3	100.0	647
Moldova	11.8	58.8	24.8	4.6	11.8	29.3	27.5	21.1	8.4	1.8	100.0	545
Age Group at Birth												
15-24	11.2	64.8	21.3	2.7	11.2	20.3	28.7	25.0	12.3	2.5	100.0	635
25-34	11.2	58.3	25.2	5.4	11.2	30.9	24.9	22.4	8.4	2.2	100.0	1,316
35-44	16.1	59.0	22.9	2.0	16.1	20.8	33.7	20.6	8.0	0.8	100.0	89
Education Level												
Secondary Incomplete	15.6	53.0	26.2	5.2	15.6	32.6	24.9	17.6	6.9	2.4	100.0	1,227
Secondary Complete	5.1	68.8	22.1	4.0	5.1	20.9	29.9	30.5	11.8	1.8	100.0	614
Postsecondary	5.4	76.7	16.6	1.3	5.4	15.5	25.3	33.2	18.1	2.5	100.0	199
Socio-economic Status												
Low	15.6	51.7	26.4	6.2	15.6	36.3	25.7	16.2	4.1	2.0	100.0	1,078
Medium	8.1	66.6	22.4	2.9	8.1	19.6	28.0	29.1	12.6	2.7	100.0	750
High	4.5	75.1	18.4	1.9	4.5	14.9	24.1	32.1	22.4	2.0	100.0	212
Ethnicity												
Romanian	9.9	60.0	25.2	4.8	9.9	26.8	28.1	22.9	9.9	2.3	100.0	1,716
Hungarian	1.1	83.9	12.0	2.9	1.1	15.2	24.2	42.6	15.3	1.6	100.0	127
Roma	30.8	44.7	21.9	2.6	30.8	38.1	14.8	10.8	3.7	1.8	100.0	175
Other	7.7	72.9	19.4	0.0	7.7	42.6	13.4	26.4	4.4	5.5	100.0	22
Birth Order												
First	7.4	66.8	21.6	4.2	7.4	26.1	27.4	25.4	11.3	2.3	100.0	1,074
Second	10.9	56.2	28.1	4.8	10.9	28.3	25.9	24.3	8.0	2.6	100.0	632
Third or higher	26.6	45.1	24.0	4.3	26.6	29.5	23.9	12.4	6.4	1.2	100.0	334

Figure 6.1.1
 Number of Prenatal Care Visits for
 Births in the Five Years Prior to the Survey
 Reproductive Health Surveys: Romania, 1993 and 1999



* Prenatal Care during the Last Pregnancy that Resulted in a Live Birth.

average number of prenatal care visits was 5.8 visits, much lower than the Romanian Ministry of Health recommendation of 10 visits. About one in four women had only 1-3 visits (27%), the majority of women had 4–9 visits (50%), and only 10% of women had 10 or more prenatal care visits (Table 6.1.1). A small proportion of women (2%) stated they did not remember the number of prenatal care visits. Women who had 10 or more prenatal visits were generally the same women who started prenatal care early, since the number of visits was correlated with the month of initiation of care.

As shown in Figure 6.1.1, use of prenatal health services did not improve between the 93RRHS and the 99RRHS. Instead, the proportion of women with no prenatal care has almost doubled (from 6% to 11%) and the proportion of women with 10 or more prenatal care visits decreased by more than 50% (from 23% to 10%). The proportion of women with early prenatal care entry (during the first trimester) did not change significantly between 1993 (57%) and 1999 (60%), however. These findings show that the majority of women began prenatal care during the first 12 weeks of pregnancy but the frequency of prenatal care visits was inadequate. The low prenatal care

attendance may be due to access barriers (e.g., distance, cost, waiting time, working hours of the health facility), competing demands on women's time, or miscommunication between clients and prenatal care providers.

Compared with international standards, the majority of women do not meet the criteria of adequate prenatal care. In the United States, the adequacy of prenatal care is assessed by using the Adequacy of Prenatal Care Utilization Index (APNCU), also known as the Kotelchuck index. This index assesses the adequacy of initiation of prenatal care (month when prenatal care begins) combined with the adequacy of use of services (percentage of recommended visits received) once care has begun; this last component of the index is calculated by comparing actual use with the recommended number of visits (based on the American College of Obstetricians and Gynecologists recommendations), adjusted for the length of gestational period and the gestational age at initiation of care. These two dimensions are combined into a single index with four levels: inadequate, intermediate, adequate or adequate plus. Inadequate use is defined as either late prenatal care or less than 50% of recommended visits and includes also "no prenatal care." The three remaining levels require early initiation of care (by the fourth month of gestation). Intermediate care requires 50%-79% of the recommended number of visits, adequate care 80%-109% and adequate plus 110% or more of the recommended visits (Kotelchuck, 1994).

Figure 6.1.2
Adequacy of Prenatal Care Utilization Index
Births in 1994–1999 (Percent Distribution)
Reproductive Health Survey: Romania, 1999

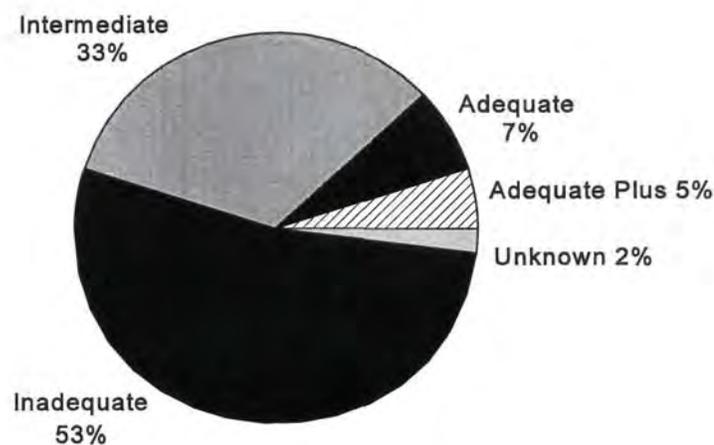


TABLE 6.1.2
Adequacy of Prenatal Care Utilization Index* by Selected Characteristics
Births in 1994-1999
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Adequacy of Prenatal Care Utilization Index</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Inadequate</u>	<u>Intermediate</u>	<u>Adequate</u>	<u>Adequate +</u>	<u>Unknown</u>		
Total	53.4	32.8	6.8	4.8	2.2	100.0	2,040
Residence							
Urban	42.6	38.7	8.6	7.9	2.2	100.0	791
Rural	62.7	27.7	5.3	2.1	2.3	100.0	1,249
Region							
Bucharest	49.9	26.4	9.3	9.8	4.7	100.0	129
Vallahia	64.0	26.0	5.0	3.3	1.7	100.0	719
Transylvania	42.2	41.0	8.6	5.9	2.3	100.0	647
Moldova	55.9	33.3	5.8	3.1	1.8	100.0	545
Age Group at Birth							
15-24	48.4	33.4	9.2	6.5	2.5	100.0	635
25-34	56.0	32.2	5.9	3.8	2.2	100.0	1,316
35-44	50.1	37.5	3.3	8.4	0.8	100.0	89
Education Level							
Secondary Incomplete	62.2	26.1	5.4	3.9	2.4	100.0	1,227
Secondary Complete	42.5	43.2	7.4	5.2	1.8	100.0	614
Postsecondary	35.0	41.3	13.1	8.1	2.5	100.0	199
Socio-economic Status							
Low	66.0	25.5	4.6	1.9	2.0	100.0	1,078
Medium	43.6	39.4	8.1	6.3	2.7	100.0	750
High	33.2	41.4	11.7	11.6	2.0	100.0	212
Ethnicity							
Romanian	52.6	33.4	6.9	4.7	2.3	100.0	1,716
Hungarian	23.2	53.2	12.9	9.0	1.6	100.0	127
Roma	79.5	13.8	2.5	2.5	1.8	100.0	175
Other	†	†	†	†	†	100.0	22
Birth Order							
First	48.6	36.0	8.1	4.9	2.3	100.0	1,074
Second	54.6	32.9	5.2	4.6	2.6	100.0	632
Third or higher	68.1	20.8	5.4	4.4	1.2	100.0	334

* Also known as the Kotelchuck Index, it is a measure of adequacy of prenatal care based on initiation of such care (no prenatal care automatically warrants "inadequate" level) and the number of required visits adjusted for the length of gestation and the gestational age at first visit. It replaces the Kessner Index.

† Fewer than 25 observations in this category.

By applying this index to data from the 99RRHS we found that only 12% of births within the past five years had received adequate or adequate plus care ([Table 6.1.2](#) and [Figure 6.1.2](#)). About one in two women (53%) had received inadequate prenatal care. Inadequate prenatal care was more prevalent in rural areas (63%) than in urban areas (43%), in Vallahia (64%), and among women who did not complete a secondary education (62%), those with low SES (66%), Roma women (80%), and those who had two or more other births (68%). Targeting the groups that did not receive prenatal care in the first trimester or who had fewer than recommended visits can help improve both pregnancy and infant outcomes and help Romania lower perinatal mortality and morbidity.

Prenatal care in Romania is provided mostly through primary health care centers (urban or rural dispensaries) and polyclinics (only in urban areas), ambulatory centers with specialized multidisciplinary care. Overall, in the 99RRHS, the principal source of prenatal care was a dispensary (50%). The second source of most prenatal visits was a hospital (23%), followed by a polyclinic (17%) ([Table 6.1.3](#)). About 1 in 10 women (11%) sought prenatal care in a private clinic or office. Generally, in dispensaries, primary care providers and midwives cover most of prenatal care, whereas in polyclinics and hospitals most care is provided by obstetricians. Dispensaries were the principal source for prenatal care for all pregnancies, irrespective of women's background characteristics, except in Bucharest, where most prenatal care was provided through polyclinics (41%). Between 93RRHS and 99RRHS, the role of polyclinics in providing prenatal care (implicitly the role of Ob/Gyns) had gradually declined; the proportion of respondents with recent births who mentioned a polyclinic as the source of prenatal care decreased to less than a third of the level in 1993 (55% vs. 17%). Under the new health reforms, pregnancy risk assessment at the beginning of prenatal care is increasingly performed by a primary health care provider (at the dispensary level), without a second Ob/Gyn opinion. If no pregnancy risk factors are identified, the general practitioner at the dispensary level will provide most of the care.

Dissemination of health messages is an important component of prenatal care visits. In the absence of routine preconception care, the first prenatal visit is a critical opportunity to screen women for behavioral risk factors (e.g. tobacco and alcohol use), medical and genetic risks, and occupational risks and to provide comprehensive counseling. Counseling should include information about maternal behaviors and exposures that may affect the health of the fetus, nutrition, rest, and early signs and symptoms of pregnancy complications. In addition, near the time for delivery, counseling should prepare women for what they will face when giving birth, distribute accurate information regarding labor and delivery, and advise about techniques to reduce pain and anxiety during labor. Also, counseling about breastfeeding and family planning after birth should be initiated during the prenatal period and reinforced during postpartum care.

Because the initiation and frequency of prenatal care visits evaluate only one dimension of the prenatal care (i.e., adequacy of use of services), the 99RRHS included additional questions aimed

TABLE 6.1.3
Use of Prenatal Care and Place of Most Prenatal Visits by Selected Characteristics
Births in 1994-1999
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Prenatal Care</u>		<u>Place of Most Prenatal Visits</u>						<u>No. of Cases</u>
	<u>%</u>	<u>No. of Cases</u>	<u>Dispensary</u>	<u>Polyclinic</u>	<u>Private Clinic/Office</u>	<u>Maternity Hospital</u>	<u>Home</u>	<u>Total</u>	
Total	88.6	2,040	49.9	16.6	10.6	22.5	0.3	100.0	1,787
Residence									
Urban	90.6	791	39.6	21.6	13.2	25.4	0.2	100.0	724
Rural	86.9	1,249	59.1	12.1	8.4	20.0	0.5	100.0	1,063
Region									
Bucharest	86.9	129	23.5	40.9	9.3	25.5	0.8	100.0	110
Vallahia	84.2	719	52.5	11.1	9.7	26.5	0.1	100.0	613
Transylvania	93.8	647	47.9	18.9	12.5	20.3	0.4	100.0	604
Moldova	88.2	545	61.0	10.1	9.5	19.1	0.2	100.0	460
Age Group at Birth									
15-24	88.8	635	46.9	16.4	14.8	21.2	0.7	100.0	556
25-34	88.8	1,316	51.1	16.5	9.0	23.3	0.2	100.0	1,156
35-44	83.9	89	53.4	19.3	6.8	20.5	0.0	100.0	75
Education Level									
Secondary Incomplete	84.4	1,227	58.0	17.2	5.2	19.1	0.5	100.0	1,014
Secondary Complete	94.9	614	43.7	15.8	14.0	26.4	0.0	100.0	584
Postsecondary	94.6	199	27.4	15.7	27.8	28.7	0.3	100.0	189
Socio-economic Status									
Low	84.4	1,078	61.8	15.5	4.3	18.3	0.2	100.0	894
Medium	91.9	750	44.9	16.3	14.6	23.9	0.3	100.0	690
High	95.5	212	23.0	21.4	21.6	33.5	0.6	100.0	203
Ethnicity									
Romanian	90.1	1,716	49.0	15.9	11.6	23.0	0.4	100.0	1,523
Hungarian	98.9	127	58.3	20.6	7.6	13.5	0.0	100.0	124
Roma	69.2	175	50.5	20.0	4.4	25.1	0.0	100.0	120
Other	*	22	*	*	*	*	*	100.0	20
Birth Order									
First	92.6	1,074	45.3	18.3	13.3	22.8	0.3	100.0	987
Second	89.1	632	51.9	15.5	8.4	24.1	0.2	100.0	563
Third or higher	73.4	334	66.2	11.5	4.0	17.5	0.8	100.0	237

* Fewer than 25 observations in this category

TABLE 6.1.4
Percentage of Women Who Received Information During Prenatal Care Visits
By Selected Characteristics
Births in 1994-1999 with Any Prenatal Care
Reproductive Health Survey: Romania, 1999

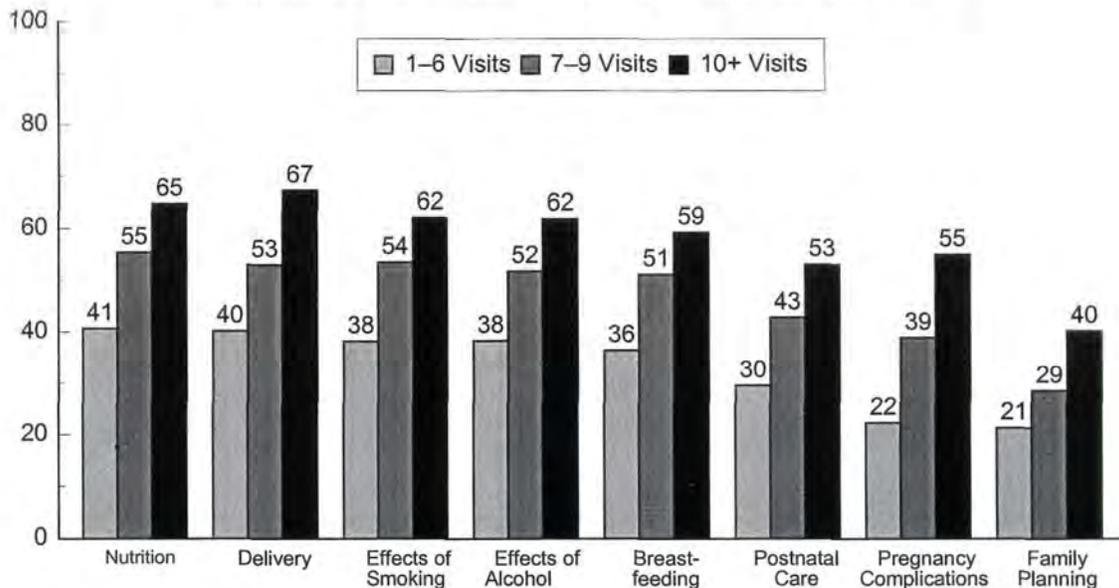
Characteristic	Nutrition	Delivery	Effects of Smoking	Effects of Alcohol	Breast-feeding	Postnatal Care	Pregnancy Complications	Family Planning	No. of Cases
Total	47.0	46.4	44.6	44.2	42.9	35.5	30.9	25.2	1,787
Residence									
Urban	54.7	50.9	52.0	51.1	46.6	41.3	34.3	29.2	724
Rural	40.1	42.4	38.1	38.0	39.6	30.4	28.0	21.8	1,063
Region									
Bucharest	55.1	56.6	58.0	56.7	46.8	44.1	39.6	30.4	110
Vallahia	46.3	45.3	43.3	42.1	42.4	33.7	28.0	23.9	613
Transylvania	43.7	45.0	42.5	41.6	41.9	35.2	32.1	26.9	604
Moldova	49.8	46.0	44.2	45.7	43.6	35.0	29.5	22.2	460
Age Group (at Birth)									
15-24	52.9	49.3	46.6	47.0	45.4	40.4	36.5	27.9	556
25-34	44.8	45.4	44.4	43.4	42.3	33.6	28.5	24.1	1,156
35-44	37.5	41.9	32.4	34.2	33.6	30.0	28.5	24.1	75
Education Level									
Secondary Incomplete	40.4	42.4	40.6	40.2	41.0	30.4	29.1	23.3	1,014
Secondary Complete	53.8	51.5	50.2	49.7	45.4	40.6	32.7	28.8	584
Postsecondary	60.5	52.4	49.2	48.1	45.5	47.1	35.1	25.2	189
Ethnicity									
Romanian	49.7	47.9	45.6	45.7	44.0	36.2	31.0	25.7	1,523
Hungarian	40.9	46.8	46.1	43.5	42.4	45.7	40.6	31.5	124
Roma	26.4	33.0	35.7	31.1	32.7	20.9	21.6	14.1	120
Other	*	*	*	*	*	*	*	*	20
Number of Visits[†]									
1-6	40.7	40.2	38.2	38.3	36.4	29.5	22.3	21.3	1,105
7-9	55.4	53.0	53.5	51.8	51.2	42.8	38.9	28.5	449
10+	64.7	67.3	62.1	61.9	59.3	53.1	55.0	40.2	180
Place of Most Prenatal Care[‡]									
Dispensary	44.5	41.0	40.1	39.6	39.5	27.8	23.1	19.7	920
Polyclinic	45.6	47.3	51.1	49.3	40.5	37.5	35.6	31.3	296
Private Clinic	55.9	54.0	45.6	45.4	48.0	50.2	39.4	28.4	178
Maternity Hospital	49.0	54.5	49.8	50.3	49.9	44.4	40.9	31.3	387

* Fewer than 25 observations in this category.

† Excludes 53 pregnancies with unknown number of visits.

‡ Excludes six pregnancies for which prenatal care visits took place at home.

Figure 6.1.3
 Information Received During Prenatal Care Visits By Number of Visits
 Births in the Five Years Prior to the Survey
 Reproductive Health Survey: Romania, 1999



at assessing information received during the prenatal visits (i.e., adequacy of content of prenatal care).

[Table 6.1.4](#) shows the percentage of pregnancies that received some information about specific educational topics during prenatal care. Overall, less than one in two women received some counseling about specific prenatal care topics. Information about nutrition, delivery, and breastfeeding were the most prevalent topics (all 46%-47%), followed by information about the negative effects of smoking and alcohol (44%-45%), about breastfeeding (43%), about postnatal care (36%), and early signs of complications during pregnancy (31%). Only one in four women received information about family planning after birth. Maternal characteristics that appeared to be associated with lower levels of counseling for most topics included rural residence, older age (over age 34), less than complete secondary education, Roma ethnic background, having less than seven prenatal visits, and receiving most of the prenatal care visits at a rural or urban dispensary. The proportion receiving information during prenatal care visits appeared highly correlated with the number of prenatal care visits ([Figure 6.1.3](#)).

TABLE 6.1.5
Use of Ultrasound Exams During Pregnancy by Selected Characteristics for
Births in 1994–1999 with Any Prenatal Care
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Had Ultrasound Exam</u>		<u>Time of First Exam</u>			<u>No. of Cases</u>
	<u>%</u>	<u>No. of Cases</u>	<u>4–20 Weeks</u>	<u>21 or More Weeks</u>	<u>Total</u>	
Total	53.1	1,787	42.7	57.3	100.0	916
<u>Residence</u>						
Urban	67.4	724	48.4	51.6	100.0	497
Rural	40.4	1,063	34.3	65.7	100.0	419
<u>Region</u>						
Bucharest	72.5	110	43.5	56.5	100.0	78
Vallahia	42.4	613	38.3	61.7	100.0	264
Transylvania	65.1	604	45.6	54.4	100.0	400
Moldova	40.2	460	41.5	58.5	100.0	174
<u>Age Group at Birth</u>						
15–24	63.5	556	45.5	54.5	100.0	339
25–34	48.1	1,156	41.6	58.4	100.0	535
35–44	54.9	75	35.5	64.5	100.0	42
<u>Education Level</u>						
Secondary Incomplete	42.3	1,014	37.4	62.6	100.0	400
Secondary Complete	61.6	584	43.1	56.9	100.0	359
Postsecondary	82.6	189	55.0	45.0	100.0	157
<u>Socio-economic Status</u>						
Low	36.4	894	35.0	65.0	100.0	316
Medium	61.5	690	45.5	54.5	100.0	425
High	86.9	203	48.4	51.6	100.0	175
<u>Ethnic Group*</u>						
Romanian	52.7	1,523	42.4	57.6	100.0	770
Hungarian	71.1	124	46.1	53.9	100.0	89
Roma	38.2	120	45.0	55.0	100.0	44
<u>Number of Visits†</u>						
1–6	42.5	1,105	33.9	66.1	100.0	452
7–9	64.2	449	50.9	49.1	100.0	287
10+	82.2	180	50.5	49.5	100.0	141
<u>Place of Most Prenatal Care‡</u>						
Dispensary	38.9	920	31.7	68.3	100.0	356
Polyclinic	59.6	296	38.4	61.6	100.0	165
Private Clinic	79.8	178	53.0	47.0	100.0	142
Maternity Hospital	67.4	387	54.2	45.8	100.0	251

* Excludes 20 pregnancies to women of other ethnic background.

† Excludes 53 pregnancies with unknown number of visits.

‡ Excludes six pregnancies for which prenatal care visits took place at home.

Compared with results from the 93RRHS, in the 99RRHS fewer women stated that they received information on any of the specified topics during the prenatal care visits. For example, the prevalence of counseling on the harmful effects of smoking or alcohol use during pregnancy decreased from 61% in 1993 to about 44% in 1999, advice about nutrition during pregnancy from 61% to 47%, and advice about breastfeeding from 56% to 43%.

Ultrasound imaging has been increasingly used in perinatal care but debate still exists about routine ultrasound screening. 99RRHS data do not allow differentiation between use for selected specific indications (e.g., confirmation of gestational age; assessment of fetal viability, fetal malformations, fetal growth, fetal presentation, and multiple pregnancy; examination of the placenta; assessment of amniotic fluid) or for routine screening, either during early pregnancy (16-20 weeks) or in late pregnancy (after 20 weeks).

[Table 6.1.5](#) shows the prevalence of ultrasound exams during pregnancies carried to term between 1994 and 1999. Overall, about one of two pregnancies had at least one ultrasound exam. Maternal characteristics associated with higher levels of ultrasound exams included: urban residence (67%), residence in Bucharest (73%) or in Transylvania (65%), postsecondary education (83%), high SES (87%), three or more prenatal care visits (82%), and most of prenatal visits in a private clinic (80%). Lower prevalence of ultrasound exams was associated with rural residence (40%), living in Moldova or Vallahia (40%-42%), low SES (36%), and having most prenatal care in an urban or rural dispensary (39%).

Slightly more than a half of the ultrasound exams were performed for the first time in the second half of pregnancy, suggesting the use of ultrasound for specific indications rather than for screening (the main reason for starting screening in late pregnancy is to assess fetal growth and abnormal presentations or positions that may benefit from Caesarian delivery). Women in urban areas, those with high educational attainment, those with seven or more prenatal care visits, those who started prenatal care during the first trimester (data not shown), and those whose source of prenatal care was a private consultation clinic were slightly more likely than other women to have their first ultrasound exam during the first 20 weeks of pregnancy.

6.2 Intrapartum Care

All births should occur in medical facilities where adequately trained personnel can monitor the progress of labor and delivery. The majority of deliveries in Romania take place in maternities or hospitals with inpatient obstetrical care. Births delivered outside medical facilities are rare and, in the event a home delivery occurs, both the mother and her baby are immediately referred to a hospital or maternity to be supervised for at least five postpartum days.

TABLE 6.2.1
Place of Delivery for Births in 1994–1999 by Selected Characteristics for
Reproductive Health Survey: Romania, 1999

Characteristic	Place of Delivery				Total	No. of Cases[†]
	Hospital/Maternity	Private Clinic	Birth House	Home*		
Total	97.6	0.3	0.1	2.0	100.0	2,037
Residence						
Urban	99.4	0.4	0.0	0.2	100.0	788
Rural	96.0	0.2	0.2	3.5	100.0	1,249
Region						
Bucharest	97.4	0.9	0.0	1.7	100.0	127
Vallahia	97.2	0.4	0.2	2.2	100.0	719
Transylvania	98.1	0.2	0.2	1.5	100.0	647
Moldova	97.3	0.0	0.1	2.6	100.0	544
Age Group at Birth						
15–24	96.8	0.5	0.2	2.4	100.0	635
25–34	98.0	0.2	0.0	1.8	100.0	1,313
35–44	96.9	0.0	1.0	2.1	100.0	89
Education Level						
Secondary Incomplete	96.2	0.5	0.2	3.1	100.0	1,225
Secondary Complete	99.4	0.0	0.1	0.5	100.0	613
Postsecondary	100.0	0.0	0.0	0.0	100.0	199
Socio-economic Status						
Low	95.9	0.2	0.3	3.6	100.0	1,078
Medium	99.0	0.4	0.0	0.5	100.0	748
High	100.0	0.0	0.0	0.0	100.0	211
Birth Order						
First	99.3	0.1	0.0	0.5	100.0	1,074
Second	96.5	0.8	0.0	2.7	100.0	630
Third or higher	93.6	0.0	0.7	5.6	100.0	333
Trimester of First Visit						
No Prenatal Care	94.3	0.7	0.9	4.1	100.0	250
First	98.7	0.1	0.1	1.2	100.0	1,207
Second	96.8	0.6	0.0	2.6	100.0	483
Third	95.3	0.0	0.0	4.7	100.0	97

* Includes three pregnancies delivered while on their way to the hospital.

† Exclude three pregnancies with no information about the place of delivery.

In the 99RRHS very few deliveries occurred outside the hospital ([Table 6.2.1](#)). The majority of women gave birth in a maternity ward or a hospital obstetrical ward (98%). Almost all other women delivered at home, and very few delivered in a private clinic or a birth house. Although home deliveries were rare, they reached a significant proportion among some subgroups. Home deliveries were relatively high among rural residents (4%), those with low levels of education or low SES (3% and 4%, respectively), those with two or more other births (6%), and those with no prenatal care (4%).

Self-reports about onset and duration of labor are not very reliable because of wide individual variation in contraction frequency and in perception of uterine activity. There is often uncertainty about the beginning of labor, particularly of the latent phase. Although the 99RRHS included questions about the duration of labor (defined as the interval between the beginning of periodic contractions every five minutes or less and the time of delivery), respondents' reports were rather at the lower limit for both nulliparous (6.3 hours, on average) and multiparous women (4.7 hours, on average); according to data published in the literature the average duration of labor is 10 hours (for nulliparous women) and 6 hours for multiparous women (Duig, 1975). Because of the limitations of self-reported duration of labor, this report includes data on the duration of the hospital stay prior to delivery as a proxy for the labor duration. [Table 6.2.2](#) shows the time spent in a medical facility prior to delivery and the length of stay after delivery. The average time spent in a medical facility prior to delivery was 12 hours (ranging from less than 1 hour to four days). More than a half of the respondents (53%) were admitted to the hospital only six hours prior to delivery (data not shown), presumably after the onset of labor. The average time spent in the hospital prior to delivery was at least four hours shorter for parous women with at least two prior births and women with no prenatal care.

About half of women who gave birth in a medical facility were discharged in the first five days (52%), including 27% who were discharged after four days or less. One in three women (33%) was discharged after six or seven days. Very few women had to stay eight or more days after delivery (15%). Women in rural areas spent, on average, more time in hospital after delivery (data not shown) and were slightly more likely than urban women to be hospitalized for eight days or more (17% vs. 13%). Conversely, residents of Bucharest were the least likely to be discharged after eight or more days (10%) and the most likely to stay four days or less (not shown). As expected, women with low birth weight babies, women with early postpartum complications (data not shown), and those with Caesarian-sections had much longer stays than other new mothers.

Almost two thirds (61%) of births delivered in medical facilities were assisted by obstetricians. Deliveries to rural women (51%), women residing in the Moldova region (48%), or those with no or late prenatal care (49% and 45%) were less likely to be assisted by an Ob/Gyn. Conversely, almost all births delivered in Bucharest (90%) were assisted by an Ob/Gyn (data not shown).

TABLE 6.2.2
Average Time Between Admission and Delivery and Nights Spent in a Medical Facility
by Selected Characteristics
Births in 1994–1999 Delivered in Medical Facilities
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Average Time (Hours) Between Admission and Delivery</u>	<u>Nights Spent in a Medical Facility Between Delivery and Discharge</u>				<u>Total</u>	<u>No. of Cases</u>
		<u>≤4</u>	<u>5</u>	<u>6–7</u>	<u>≥8</u>		
Total	11.9	27.0	24.6	33.1	15.3	100.0	1,982
<u>Residence</u>							
Urban	12.2	27.9	26.1	32.5	13.4	100.0	790
Rural	11.6	26.1	23.3	33.6	16.9	100.0	1,192
<u>Age Group at Birth</u>							
15–24	12.0	29.5	22.1	31.7	16.7	100.0	612
25–34	11.9	25.0	26.2	34.3	14.6	100.0	1,285
35–44	10.1	39.9	18.4	24.9	16.8	100.0	85
<u>Education Level</u>							
Secondary Incomplete	11.5	27.7	24.2	31.6	16.5	100.0	1,173
Secondary Complete	12.4	24.1	26.4	36.9	12.6	100.0	610
Postsecondary	12.6	31.0	22.2	30.6	16.2	100.0	199
<u>Socio-economic Status</u>							
Low	11.5	24.4	23.5	34.8	17.3	100.0	1,024
Medium	12.6	29.6	25.4	31.0	14.0	100.0	746
High	11.2	28.9	26.6	33.0	11.4	100.0	212
<u>Ethnic Group*</u>							
Romanian	12.2	28.1	23.9	33.3	14.8	100.0	1,665
Hungarian	10.2	18.7	29.4	34.0	17.8	100.0	127
Roma	9.5	24.1	26.7	30.7	18.5	100.0	169
<u>Birth Order</u>							
First	13.3	24.1	23.5	35.7	16.7	100.0	1,066
Second	11.6	28.3	26.1	32.4	13.2	100.0	611
Third or Higher	7.1	35.1	26.0	24.9	14.0	100.0	305
<u>Trimester of First Visit</u>							
No Prenatal Care	7.5	38.1	27.5	23.1	11.2	100.0	234
First	13.0	26.1	23.2	34.7	16.0	100.0	1,186
Second	9.8	24.8	25.4	33.8	16.0	100.0	469
Third	18.3	22.2	33.2	32.5	12.1	100.0	93
<u>Baby Weight at Birth</u>							
<2,500 grams	11.1	13.3	9.5	22.6	54.6	100.0	163
≥2,500 grams	11.9	28.3	26.1	34.1	11.5	100.0	1,819
<u>Type of Delivery</u>							
Vaginal	11.0	29.6	26.2	31.7	12.6	100.0	1,758
Caesarean section	18.9	6.3	12.2	44.7	36.9	100.0	224

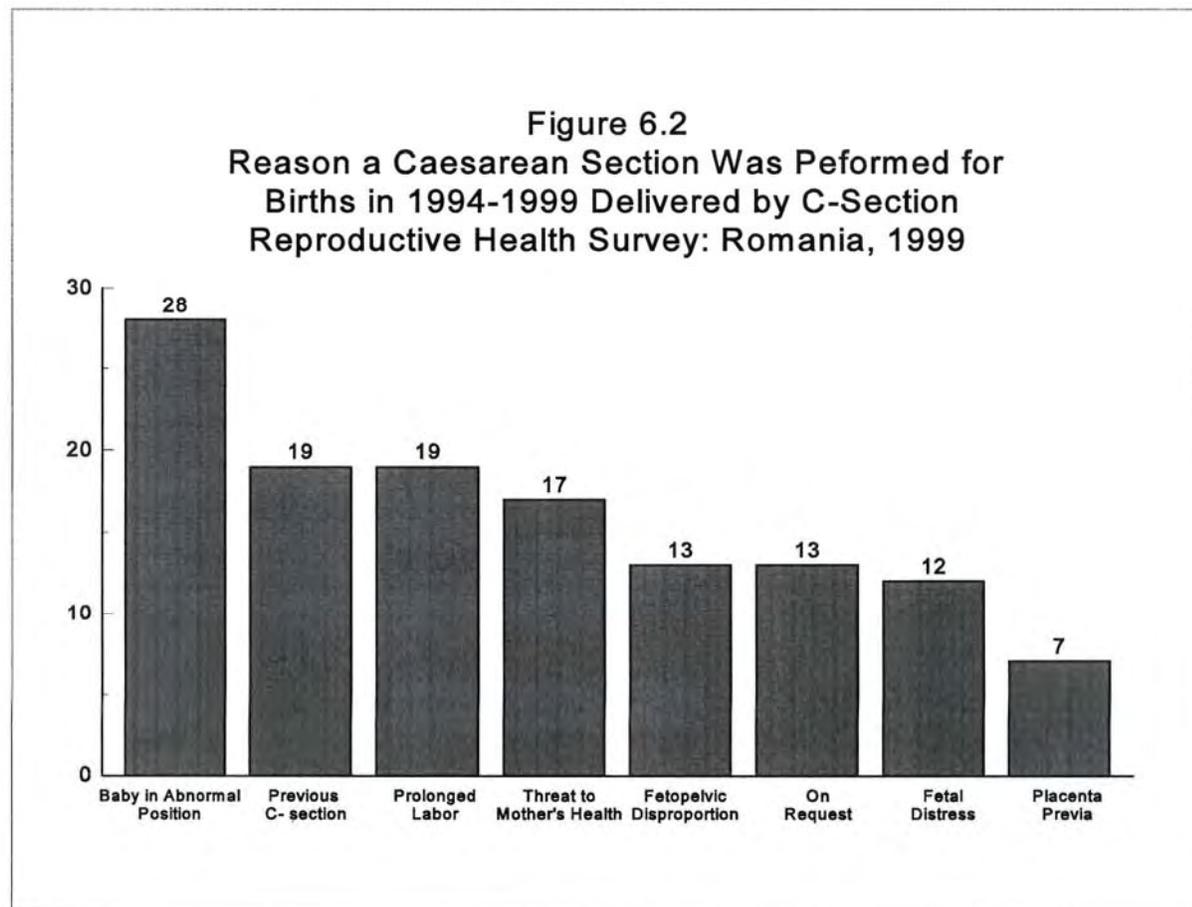
* Excludes 21 pregnancies to women of other ethnic background.

TABLE 6.2.3
Percentage of Caesarean Deliveries By Selected Characteristics
Births in 1994–1999 Delivered in Medical Facilities
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Caesarean Deliveries (%)</u>	<u>Unweighted No. of Cases</u>
<u>Total</u>	11.1	1,982
<u>Residence</u>		
Urban	14.8	790
Rural	7.9	1,192
<u>Region</u>		
Bucharest	14.2	126
Vallahia	11.1	696
Transylvania	10.6	636
Moldova	10.5	524
<u>Age Group at Birth</u>		
15–24	14.5	612
25–34	9.2	1,285
35–44	16.7	85
<u>Education Level</u>		
Secondary Incomplete	7.0	1,173
Secondary Complete	13.9	610
Postsecondary	25.7	199
<u>Socio-economic Status</u>		
Low	4.9	1,024
Middle	14.0	746
High	26.1	212
<u>Birth Order</u>		
First	12.5	1,066
Second	11.5	611
Third or higher	5.0	305
<u>Pregnancy Complications</u>		
Yes	10.9	499
No	11.2	1,483
<u>Baby Weight at Birth</u>		
<2,500 grams	12.9	163
≥2,500 grams	10.9	1,819
<u>Prolonged Labor</u>		
No	2.7	1,714
Yes	11.4	95
No Labor or Unknown Length	98.6	173

The Caesarean section (C-section) rate varies considerably among countries, from about 5% to more than 20% of all deliveries. The optimal rate is not known, but little improvement in birth outcomes has been demonstrated if the rate is higher than 7%. In addition to unequivocal obstetrical indications, C-section is often performed in less clear situations (e.g., prolonged labor) and often if a previous C-section was performed, which is rarely an adequate indication by itself.

In Romania, the overall prevalence of C-section deliveries among all deliveries between 1994 and 1999 was 11% (Table 6.2.3). Women residing in urban areas were twice as likely to have this type of delivery as women residing in rural areas. Young adult women and women aged 35 years or older reported C-section rates higher than women aged 25-34 (15% and 17% vs. 9%). The C-section rate increased directly with education and SES, suggesting that financial considerations may sometimes be more important than obstetrical indications for C-section delivery. Women who experienced prolonged labor were more likely to deliver C-section than were women with uncomplicated pregnancies. Births with labor duration of more than 20 hours (more than 14 hours for multiparous women) had an almost five-fold increase in the rate of delivery by C-section than births with shorter duration of labor. The majority of C-sections were performed prior to the onset



of labor, however. Three fourths of women with C-section deliveries had the intervention performed prior to the beginning of labor while 22% were performed for deliveries with prolonged labors and five percent for deliveries with labor duration within the normal limits (data not shown).

Overall, the most often cited reasons for having had a C-section delivery were that the baby was in an abnormal position (28%), a previous birth was delivered by C-section (19%), and prolonged labor (19%) ([Figure 6.2](#)). Other often mentioned reasons were maternal pre-existing health conditions (e.g. cardiovascular problems), cited by 17% of mothers, fetopelvic disproportion (13%), and fetal distress (12%). About one in eight respondents who delivered by C-section reported that they requested this type of delivery, and 7% stated that C-section was performed because of placenta previa. The sum of reasons exceeds 100% because some respondents gave more than one reason.

6.3 Postnatal Care

During postnatal care it is important to assess the health of both the mother and her infant and to provide counseling about breast-feeding, nutrition, and family planning. Postnatal care in Romania is initiated soon after the new mother is discharged from the maternity where she delivered and consists mostly of home visit(s) provided by a midwife. The postnatal period is a critical opportunity to evaluate the physical and psychosocial health of a new mother and her infant, to detect and treat postpartum complications, and to provide the counseling and support needed to address any specific problems related to child care and family planning. The 99RRHS provided information about the use of postnatal care and the content of postnatal counseling.

Overall, postnatal care was substantially less utilized than prenatal care (32% vs. 89%), in spite of the official recommendations ([Table 6.3](#)). Postnatal care was more frequent among urban residents than among rural women (37% vs. 27%). Residents of Bucharest had the highest use of postnatal care (41%) whereas Vallahia residents reported the lowest use (28%). Use was lower among women with less than complete secondary education (26%), those with low SES (23%), and Roma women (25%), but was not influenced by maternal age. Birth order substantially influenced the use of postnatal care, as with the use of prenatal care: women with at least two previous births had the lowest rate of postnatal care (17%). Lower use of postnatal care services among high-parity women has long been recognized and has been explained through greater responsibilities within the household related to child rearing compounded with greater confidence and experience among these women. The C-section deliveries were associated with much higher rates of postnatal care use than were vaginal deliveries (56% vs. 29%).

Most women who received postnatal visits were counseled about child immunization (82%), child care (77%), nutrition (70%), breastfeeding (69%) and breast care (69%). However, counseling

TABLE 6.3
Use of Postnatal Care and Information Received During Postnatal Visit(s)
by Selected Characteristics for Births in 1994–1999
Reproductive Health Survey: Romania, 1999

Characteristic	Use of Postnatal Care		Information Received During Postnatal Care						
	%	No. of Cases*	Immuni- zation	Child Care	Nutrition	Breast- Feeding	Breast Care	Family Planning	No. of Cases
Total	31.7	2,018	82.4	77.2	70.4	69.3	68.7	45.1	616
Residence									
Urban	36.9	781	80.3	75.8	70.5	69.9	69.7	49.3	294
Rural	27.3	1,237	84.8	78.7	70.4	68.6	67.5	40.3	322
Region									
Bucharest	41.0	129	89.2	82.8	76.7	66.5	71.8	49.0	49
Vallahia	27.9	708	79.2	75.2	70.7	67.2	65.6	40.0	192
Transylvania	32.5	644	80.1	76.7	68.9	71.6	68.3	49.9	218
Moldova	32.0	537	86.3	77.2	68.9	70.1	71.4	42.0	157
Age Group at Birth									
15–24	33.5	626	84.6	79.5	74.0	71.4	71.4	50.6	201
25–34	30.9	1,305	81.5	76.8	69.2	68.0	67.7	42.1	386
35–44	31.6	87	78.6	64.4	61.1	73.8	62.5	50.2	29
Education Level									
Secondary Incomplete	25.7	1,214	86.1	80.1	71.9	70.8	70.0	40.6	299
Secondary Complete	37.5	607	82.3	77.3	73.4	70.2	68.7	47.8	223
Postsecondary	48.4	197	72.0	68.5	60.1	63.2	64.6	52.4	94
Socio-economic Status									
Low	22.7	1,066	85.5	79.0	71.3	65.8	64.3	35.4	240
Medium	37.8	741	82.6	79.8	73.8	74.0	74.5	51.1	273
High	48.4	211	76.1	67.3	60.8	64.6	62.9	48.9	103
Ethnic Group†									
Romanian	32.6	1,695	82.1	76.9	71.8	70.2	68.4	45.3	521
Hungarian	35.2	126	91.5	88.4	71.3	74.3	84.6	55.5	48
Roma	24.6	175	78.8	71.0	56.9	57.3	57.9	34.3	45
Birth Order									
First	35.5	1,063	82.7	77.9	71.8	70.3	70.6	43.1	369
Second	32.1	626	81.7	76.7	70.0	66.9	65.3	48.3	190
Third or Higher	17.1	329	82.3	73.2	62.2	71.1	66.4	47.7	57
Type of Delivery									
Vaginal	28.8	1,799	83.4	78.3	70.9	69.7	69.2	40.7	503
C-Section	55.5	219	77.9	72.1	68.4	67.5	66.4	64.1	113

* Excludes 22 pregnancies that resulted in stillbirths.

† Excludes 22 pregnancies to women of other ethnic background.

about planning for future pregnancies and methods of birth control was less prevalent (45%). The type of health advice given during postnatal care did not vary significantly by maternal characteristics, except for Roma ethnic background, which was associated with less advice, regardless of the health topic.

6.4 Smoking and Drinking During Pregnancy

Use of tobacco or alcohol during pregnancy is a major risk factor for poor pregnancy outcomes. Smoking during pregnancy has been linked to low birth weight babies, preterm deliveries, sudden infant death syndrome, and respiratory problems in newborns (DiFranza and Lew, 1996). The damaging effects of alcohol use during pregnancy include fetal growth retardation, mental retardation, physical abnormalities (especially dysmorphic facial features), and altered neonatal behaviors. Developmental abnormalities occur in approximately 35%-40% of infants born to alcoholic mothers and are associated with consumption of at least two drinks per day during pregnancy (Coles CD, 1993).

Overall, 13% of births in the five years preceding the 99RRHS occurred to mothers who were smokers at the time they found out about their pregnancies ([Table 6.4](#)). The proportion of women who smoked prior to getting pregnant was higher in urban areas than in rural areas (15% vs. 10%). Women residing in Bucharest were more likely to smoke prior and during pregnancy than were women from other regions. The proportion of smoking mothers was higher among young adults aged 15-24 (17%). Women with high or middle SES reported levels of smoking before and during the pregnancy higher than those with low SES did. Hungarian women reported higher prevalence of tobacco use both before and during pregnancy compared with other ethnic groups (16% and 14%, respectively). The majority of women who smoked prior to getting pregnant (78%) continued to smoke for some time during pregnancy. The same maternal characteristics were associated with tobacco use during pregnancy. Mothers who had a low birth weight baby (less than 2,500 grams) were more likely than mothers of normal weight babies to smoke prior or during pregnancy (18% and 15% vs. 12% and 10%).

Drinking alcohol during pregnancy (21%) was much more prevalent than smoking. About one in four women who drank while pregnant did so daily or several times per week (data not shown). Women residing in Bucharest (30%) or Moldova (33%), women older than 34 years (33%), and women with two or more previous births (30%) were more likely to report drinking alcohol during pregnancy.

TABLE 6.4
Presence of Certain Risk Factors Prior and During Pregnancy
by Selected Characteristics for Births in 1994–1999
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>% Smoking Before Pregnancy</u>	<u>% Smoking During Pregnancy</u>	<u>% Drinking During Pregnancy</u>	<u>Unweighted No. of Cases</u>
Total	12.9	10.1	21.2	2,040
<u>Residence</u>				
Urban	15.0	14.2	19.5	791
Rural	11.0	6.5	22.6	1,249
<u>Region</u>				
Bucharest	16.6	15.7	30.1	129
Vallahia	12.9	10.3	19.8	719
Transylvania	13.8	10.5	12.3	647
Moldova	9.6	6.6	33.0	545
<u>Age Group at Birth</u>				
15–24	16.5	12.0	22.1	635
25–34	11.3	9.7	20.1	1,316
35–44	11.5	1.1	32.5	89
<u>Education Level</u>				
Secondary Incomplete	12.6	11.1	23.3	1,227
Secondary Complete	13.8	8.3	18.1	614
Postsecondary	11.7	9.5	18.1	199
<u>Socio-economic Status</u>				
Low	11.8	9.3	23.7	1,078
Middle	13.8	9.8	18.8	750
High	14.1	13.9	18.8	212
<u>Ethnicity</u>				
Romanian	12.8	9.6	21.1	1,716
Hungarian	15.6	14.0	13.9	127
Roma	10.5	8.7	24.3	175
Other	*	*	*	22
<u>Birth Order</u>				
First	12.7	11.1	17.5	1,074
Second	14.7	10.4	23.3	632
Third or higher	9.8	5.6	30.1	334
<u>Baby Weight at Birth</u>				
<2,500 grams	17.9	15.3	19.3	171
≥2,500 grams	12.4	9.6	21.4	1,869

* Fewer than 25 observations in this category

TABLE 6.5.1
Routine Measurement of Blood Pressure (BP) During Pregnancy, High Blood Pressure (HBP)
During Pregnancy, and Percentage of Pregnancies Hospitalized for HBP
Births in 1994–1999 to Women Who Had Prenatal Care
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Routine Measurement of BP During Pregnancy</u>	<u>HBP During Pregnancy</u>	<u>% Pregnancies Hospitalized for HBP</u>
Total	90.7	12.1	2.8
Residence			
Urban	91.9	12.3	3.1
Rural	89.6	12.0	2.4
Region			
Bucharest	86.0	9.6	1.8
Vallahia	87.7	10.3	2.3
Transylvania	93.3	13.8	3.7
Moldova	92.7	13.3	2.3
Age Group at Birth			
15–24	92.4	12.0	2.5
25–34	89.6	12.4	2.9
35–44	95.2	9.2	2.1
Education Level			
Secondary Incomplete	89.6	10.9	2.4
Secondary Complete	91.3	15.0	3.8
Postsecondary	94.3	10.5	1.4
Socioeconomic Status			
Low	87.3	10.4	2.7
Middle	93.9	13.5	2.8
High	93.0	14.4	2.7
Ethnicity			
Romanian	91.5	12.1	2.8
Hungarian	95.3	15.3	3.4
Roma	78.0	10.8	2.2
Other	*	*	*
Birth Order			
First	90.5	12.9	2.9
Second	92.0	11.8	2.7
Third or higher	88.3	9.7	2.2
No. of Prenatal Care Visits[†]			
1–3	80.7	6.6	1.3
4–6	93.3	12.9	2.0
7–9	96.3	14.8	3.6
10+	96.4	20.2	6.7

* Fewer than 25 observations in this category.

† Excludes 53 pregnancies with unknown number of visits.

6.5 Pregnancy and Postpartum Complications

As shown in [Table 6.5.1](#), the majority of women who gave birth in 1994-1999 had routine measurement of their blood pressure during pregnancy (91%) and 12% were identified as having high blood pressure (HBP). Only 3% of pregnant women were hospitalized due to HBP. Routine measurement of the blood pressure during pregnancy was less likely to be performed among Roma women (78%) and among women with only one to three prenatal care visits (81%). The prevalence of HBP was slightly higher among women residing in Transylvania (14%), where most of the Hungarian women (also reporting higher HBP prevalence) lived. A higher prevalence of HBP (20%) was reported by women with ten or more prenatal care visits, either because frequent routine measurement of blood pressure increased the likelihood of HBP diagnostics or because these women had early been found to have HBP and were advised to have more prenatal care visits.

One in five women with recent births (19%) were hospitalized during pregnancy ([Table 6.5.2](#)). The proportion of women who required hospitalization during pregnancy was slightly higher in urban areas than in rural areas (22% vs. 16%) and among women residing in Transylvania (22%). Women aged 15-34 years were more likely than women over 34 years of age to report hospitalization for pregnancy complications. Women with low or middle SES were slightly more likely to report hospitalization during pregnancy than women with high SES (19% and 21% vs. 14%). Women who initiated prenatal care early (i.e., in the first trimester) were almost twice as likely to report hospitalization during pregnancy than women with late prenatal care, since the likelihood of being diagnosed with a pregnancy complication increases with the length of attendance of prenatal care.

Hospitalization associated with pregnancy complications, as reported by respondents, ranged from less than 1% to 8%. The highest hospitalization rate was for the risk of preterm labor (8%), followed by pregnancy associated anemia (7%). Four to five percent of pregnancies were hospitalized for urinary tract infection, bleeding (either during the first or the second half of pregnancy), edema, and risk of miscarriage. Hospitalizations for the risk of preterm labor were higher for younger women, lower SES women, and women who had their first prenatal visit during the first trimester. In general, hospitalization rates for most complications were lower for rural women, older women, and women with late prenatal care.

One in four women who gave birth in the five years prior to the survey experienced at least one postpartum complication. Except for higher reports of postpartum complications among residents of Bucharest (36%) and Moldova (33%), there was little variation by background characteristics ([Table 6.5.3](#)). Generally, women who developed complications during pregnancy were more likely to report postpartum complications. Reported complications ranged from 10% with severe uterine pain to 3% with a breast infection or loss of consciousness.

Table 6.5.2
Pregnancy Complications That Required Hospitalization by Selected Characteristics for
Births in 1994–1999 to Women Who Had Prenatal Care
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Any Complications*</u>	<u>Risk of Preterm Labor</u>	<u>Anemia</u>	<u>Urinary Tract Infection</u>	<u>Bleeding</u>	<u>Edema/Water Retention</u>	<u>Risk of Miscarriage</u>	<u>High Blood Pressure</u>	<u>Isoimmunization Rh</u>
Total	19.1	7.7	7.3	4.8	4.6	4.1	4.0	2.8	1.1
Residence									
Urban	22.4	8.5	8.9	5.7	6.0	4.4	5.0	3.1	1.4
Rural	16.2	7.0	6.0	3.9	3.4	3.8	3.2	2.6	0.8
Region									
Bucharest	16.0	9.6	9.2	2.3	2.4	2.5	2.8	1.8	0.8
Vallahia	17.4	7.7	7.2	4.4	5.3	2.9	3.0	2.3	0.9
Transylvania	21.6	6.8	5.8	5.1	5.3	4.8	5.4	3.9	1.2
Moldova	18.7	8.5	9.2	5.9	3.4	5.4	3.7	2.3	1.3
Age Group at Birth									
15–24	18.9	9.0	7.2	4.1	5.4	4.8	5.2	2.5	1.6
25–34	19.8	7.4	7.6	5.4	4.3	4.0	3.4	3.0	0.9
35–44	8.4	2.9	4.2	0.0	4.6	0.0	4.2	2.1	0.0
Education Level									
Secondary Incomplete	19.5	8.4	8.0	5.2	4.6	4.9	4.5	2.5	0.5
Secondary Complete	18.9	6.8	6.3	3.8	5.2	3.4	3.1	3.8	1.7
Postsecondary	17.5	6.8	6.6	5.5	2.8	2.4	4.2	1.4	2.0
Socio-economic Status									
Low	18.9	7.4	8.3	5.0	4.5	4.6	3.6	2.8	0.4
Middle	21.2	9.5	7.4	4.9	5.1	4.2	4.5	2.8	1.6
High	13.5	3.5	3.7	3.8	3.5	1.9	4.1	2.7	1.9
Ethnicity									
Romanian	17.9	7.4	7.5	4.9	4.5	4.1	3.5	2.8	1.2
Hungarian	25.8	11.0	3.1	6.2	4.0	5.6	8.4	3.4	1.0
Roma	23.0	7.6	9.7	2.9	7.1	3.4	4.3	2.2	0.0
Birth Order									
First Birth	21.1	8.3	7.6	5.7	4.7	3.9	4.1	3.0	1.5
Second Birth	15.8	7.6	6.7	3.0	3.9	4.5	3.3	2.7	0.5
Third or Higher	17.9	5.5	7.7	4.6	5.9	3.9	5.1	2.2	0.6
Trimester of First Visit									
First	22.4	8.9	8.4	5.5	5.4	4.4	5.0	3.2	1.3
Second or Third	12.1	5.2	5.2	3.1	2.9	3.4	1.8	1.9	0.6

* Includes 59 pregnancies that were hospitalized for other pregnancy complications.

† Excludes 20 pregnancies to women of other ethnic background.

Table 6.5.3
Postpartum Complications By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Any Complications</u>	<u>Severe Uterine Pain</u>	<u>Infectious Vaginal Discharge</u>	<u>Dysuria</u>	<u>Severe Vaginal Bleeding</u>	<u>High Fever (>39 C°)</u>	<u>Infection of the Surgical Wound</u>	<u>Breast Infection</u>	<u>Loss of Consciousness</u>
Total	25.5	10.0	8.3	7.6	7.4	6.8	4.6	3.3	3.0
Residence									
Urban	25.2	9.3	8.0	7.7	6.4	7.0	4.7	4.1	3.1
Rural	25.7	10.6	8.6	7.5	8.2	6.7	4.5	2.5	3.0
Region									
Bucharest	35.9	14.9	8.2	10.5	7.5	7.3	5.9	6.3	4.6
Vallahia	25.0	10.9	8.7	7.7	5.2	6.8	3.2	4.3	3.8
Transylvania	17.6	4.3	5.1	3.7	6.6	5.0	3.6	2.2	1.0
Moldova	33.7	15.4	12.9	12.0	11.9	9.5	7.6	2.1	4.2
Age Group at Birth									
15-24	25.8	9.2	8.9	7.0	7.3	6.5	5.1	3.1	3.0
25-34	25.5	10.1	7.9	7.7	7.2	6.9	4.1	3.3	2.8
35-44	23.2	15.8	10.8	8.9	10.8	8.1	9.0	4.0	6.3
Education Level									
Secondary Incomplete	26.4	11.5	9.2	8.2	8.7	7.5	5.1	2.3	3.0
Secondary Complete	22.3	7.4	6.1	6.8	5.7	4.5	3.2	3.2	3.0
Postsecondary	29.0	9.2	9.9	6.2	5.2	9.2	5.6	8.6	3.2
Socio-economic Status									
Low	26.4	12.1	8.4	8.3	7.8	7.9	4.9	2.3	3.3
Middle	24.0	8.6	8.4	6.8	7.4	6.2	4.1	3.5	2.6
High	26.3	6.2	7.8	6.9	5.9	4.4	4.7	6.5	3.0
Birth Order									
First Birth	27.1	9.6	8.8	7.8	7.3	6.5	4.8	4.2	3.4
Second Birth	21.9	8.5	7.6	6.3	6.5	6.4	3.5	1.7	1.1
Third or higher	26.8	14.8	8.2	9.3	9.4	8.9	6.0	3.0	5.3
Pregnancy Complications									
Yes	32.9	15.2	11.1	10.0	9.3	10.0	6.6	3.9	5.9
No	23.9	9.0	7.7	7.1	7.0	6.1	4.1	3.1	2.4
Prolonged Labor									
Yes	26.8	15.1	1.0	13.7	9.6	12.1	1.0	5.9	1.5
No	25.4	9.8	8.7	7.2	7.3	6.5	4.8	3.1	3.1
Type of Delivery									
Vaginal	25.6	9.6	8.2	7.6	7.3	6.6	4.5	3.4	3.2
C-Section	24.9	13.9	9.8	7.5	8.3	8.7	5.5	2.4	1.3

Severe uterine pain was reported most often by residents of Bucharest or of Moldova region (15%), older women (16%), women with two or more prior births (15%), those who reported pregnancy complications (15%), those who had prolonged labor (15%), and those who had a C-section delivery (14%).

6.6 Poor Birth Outcomes

Of all births during the five years prior to the survey, 10.3 per 1,000 were stillbirths ([Table 6.6](#)). The stillbirth rate was higher among women living in urban areas than in rural areas (15 vs. 8 per 1,000) among residents of Vallahia and Moldova (both 17 per 1,000), among women with lower educational attendance, and women with low or middle SES. Consistent with data from the literature (DiFranza and Lew, 1996), women who smoked during pregnancy had a higher than average risk of stillbirth (16 per 1,000). Complicated pregnancies that required hospitalization were more likely to have poor birth outcomes, including a higher stillbirth rate (16 per 1,000). Compared with normal labor, prolonged labor (over 20 hours for nulliparous women and over 14 hours for multiparous women) was associated with more than a three times higher prevalence of stillborns (31 vs. 9 per 1,000).

The incidence of low birth weight (under 2,500 grams) was 9%. Higher rates were reported by women with low education (12%), women of Roma ethnic background (15%), women with two or more prior births (12%), women who smoked during pregnancy (14%), and women who were hospitalized for pregnancy complications (13%). A major cause of low birth weight is prematurity; the same groups of women in the 99RRHS were more likely to report preterm births.

6.7 Breastfeeding

Breast milk is the most complete food an infant can receive during the first few months of life. Breastfeeding is associated with a wide range of benefits for infant health, growth, immunity, and development. These benefits include decreased incidence and severity of diarrhea (Dewey KG et al., 1995; Popkin BM et al., 1990), fewer respiratory and ear infections (Kovar MG et al., 1984; Howie PW et al., 1990), longer birth intervals (by delaying the return of ovulation), and reduced cost to the family. In addition, breastfeeding has been shown to improve maternal health by reducing postpartum bleeding (Chua S et al., 1994), allowing an earlier return to prepregnancy weight (Dewey et al., 1993), and reducing the risks of premenopausal breast cancer (Newcomb PA et al., 1994) and osteoporosis.

The 99PvRHS included questions about breastfeeding patterns and duration. As shown in [Table 6.7.1](#), the majority of babies (93%) born during the past five years were breastfed at least for

Table 6.6
Poor Birth Outcomes By Selected Characteristics
Births in the Five Years Prior to the Survey
Reproductive Health Survey: Romania, 1999

Characteristic	% Stillbirths	% Low Birth Weight Births (<2,500 grams)	% Preterm Birth (<37 weeks)	Unweighted No. of Cases
Total	10.3	9.0	6.3	2,040
Residence				
Urban	12.8	9.8	7.1	791
Rural	8.1	8.3	5.6	1,249
Region				
Bucharest	0.0	9.4	8.5	129
Vallahia	15.2	9.4	6.1	719
Transylvania	4.0	9.8	7.1	647
Moldova	17.1	6.9	4.5	545
Age Group at Birth				
15-24	13.1	9.9	8.1	635
25-34	8.7	8.4	5.5	1,316
35-44	14.8	10.4	6.6	89
Education Level				
Secondary Incomplete	12.3	11.5	7.2	1,227
Secondary Complete	8.8	4.3	4.0	614
Postsecondary	3.0	7.9	7.8	199
Socio-economic Status				
Low	11.4	10.0	6.0	1,078
Middle	11.8	8.1	6.6	750
High	1.0	7.6	6.9	212
Birth Order				
First	9.4	8.7	6.6	1,074
Second	9.9	8.0	5.0	632
Third or Higher	14.0	12.0	8.1	334
Trimester of First Visit				
No prenatal care	11.7	8.9	4.6	253
First	10.6	9.6	6.8	1,207
Second	7.5	8.1	6.3	483
Third	16.9	4.9	4.9	97
Smoking During Pregnancy				
Yes	16.1	13.6	7.4	194
No	9.6	8.4	6.2	1,846
Pregnancy Complications				
Yes	15.7	13.1	12.1	353
No	9.1	8.1	5.1	1,687
Prolonged Labor				
Yes	31.4	12.1	14.6	98
No	9.2	8.8	5.9	1,942

short periods of time. The percentage of babies ever breastfed varied little by selected characteristics. Rates of breastfeeding were slightly lower among women living in Bucharest, women older than 34 years of age at the time of delivery (87%), and women with university or postgraduate education (86%).

Early initiation of breastfeeding is beneficial for the health of both the infant and the mother. If the mother initiates breastfeeding immediately after she gives birth, the nipple stimulation during suckling triggers the release of oxytocin and uterine contractions that help reduce postpartum bleeding. Sedatives and analgesics given during labor alter the behavior of newborns and can compromise the essential role of the baby in the initiation of lactation. Children who were delivered by C-section had a lower rate of breastfeeding than did those delivered vaginally (87% vs. 94%). Babies with low birth weight were also less likely to be breastfed than those with a birth weight of 2,500 grams or more (75% vs. 95%).

According to WHO recommendations, early suckling (within the first hour post-delivery) should be promoted following all spontaneous deliveries. [Table 6.7.1](#) (right panel) also shows the time elapsed between delivery and initiation of breastfeeding. Of infants who were breastfed, only 3% began breastfeeding during the first hour after birth. The majority of children began breastfeeding between 1 hour and the completion of the first day (58%) or during the second day of life (21%). Almost one of six babies (16%) began breastfeeding only after 48 hours.

Breastfeeding initiation within the first hour was slightly more prevalent among women living in Bucharest (6%) or in Moldova (5%), among those aged 35 year of age or older (8%), and among Roma women (7%). In terms of babies' characteristics, low birth weight and Caesarean delivery substantially reduced the likelihood of early breastfeeding. For these infants, breastfeeding was more likely initiated after 2 days, if ever. Indeed, 35% of low birth weight babies and 57% of babies delivered by C-section had initiated breastfeeding after 48 hours of life.

In [Table 6.7.2](#) the mean duration of breastfeeding is given until the age at which a child was breastfed. An infant is exclusively breastfed if he or she receives only breast milk and almost exclusive or predominantly breastfed if he or she receives breast milk accompanied by water or other liquids (except other types of milk). Children with exclusive or almost exclusive breastfeeding are considered to be fully breastfed (Labbok MH and Krasovec K., 1990). These indicators are recommended by WHO to assess the adequacy of breastfeeding practices in a population and allow for comparisons with findings from other countries. According to the WHO recommendations, "all infants should be fed exclusively on breast milk from birth to 4-6 months of age" and some breastfeeding should be maintained until at least one year of age (World Health Organization, 1991).

In the 99RRHS, the proportion of children who were born between 1993 and 1999 who were still breastfed at the time of the interview was calculated by single month of age (0-59 months); the

TABLE 6.7.1
Percentage of Children Ever Breastfed And Their Initiation of Breastfeeding
By Selected Characteristics
Live Births in the Five Years Prior to the Survey
Reproductive Health Survey: Romania, 1999

<u>Characteristics</u>	<u>Children Ever Breastfed</u>		<u>Initiation of Breastfeeding</u>						<u>No. of Cases†</u>
	<u>%</u>	<u>No. of Cases*</u>	<u>Within 1 Hour</u>	<u>1-23 Hours</u>	<u>24-47 Hours</u>	<u>48 Hours or More</u>	<u>Unknown</u>	<u>Total</u>	
Total	93.3	1,997	3.3	58.4	20.9	16.1	1.3	100.0	1,867
<u>Residence</u>									
Urban	92.4	769	3.2	55.6	21.2	19.0	1.0	100.0	714
Rural	94.1	1,228	3.4	60.7	20.7	13.7	1.6	100.0	1,153
<u>Region</u>									
Bucharest	91.3	127	5.5	57.7	18.9	17.0	0.8	100.0	115
Vallahia	94.0	701	3.3	63.1	17.5	15.3	0.8	100.0	659
Transylvania	91.9	637	1.9	54.3	22.9	19.3	1.7	100.0	585
Moldova	95.5	532	4.6	57.8	23.9	12.1	1.7	100.0	508
<u>Age Group at Birth</u>									
15-24	94.1	614	2.4	57.5	20.4	19.0	0.7	100.0	574
25-34	93.3	1,298	3.5	59.8	20.2	15.0	1.5	100.0	1,218
35-44	88.1	85	7.5	41.8	36.5	11.6	2.7	100.0	75
<u>Education Level</u>									
Secondary Incomplete	92.5	1,199	4.0	61.1	19.8	13.4	1.6	100.0	1,116
Secondary Complete	94.7	605	2.5	57.7	21.0	18.5	0.3	100.0	570
Postsecondary	93.9	193	1.9	46.0	26.4	23.7	2.1	100.0	181
<u>Ethnic Group‡</u>									
Romanian	94.1	1,679	3.1	58.1	21.2	16.5	1.0	100.0	1,581
Hungarian	86.4	125	0.2	69.9	12.0	17.1	0.8	100.0	108
Roma	92.2	171	7.3	55.0	20.8	12.7	4.2	100.0	158
<u>Birth Order</u>									
First	93.6	1,055	2.6	56.9	20.2	19.0	1.2	100.0	984
Second	93.7	623	3.5	60.5	21.9	13.0	1.1	100.0	589
Third or Higher	91.7	319	5.5	59.6	21.5	11.4	2.0	100.0	294
<u>Type of Delivery</u>									
Vaginal	94.1	1,780	3.5	62.7	20.7	11.6	1.4	100.0	1,678
Caesarian Section	87.3	217	1.8	20.0	22.4	55.7	0.0	100.0	189
<u>Weight at Birth</u>									
<2,500 grams	74.6	147	1.2	42.1	17.9	33.3	5.5	100.0	107
≥2,500 grams	95.0	1,850	3.5	59.5	21.1	14.9	1.0	100.0	1,760

* Excludes 21 babies who died soon after birth.

† Excludes 21 babies who died soon after birth and 130 children who were never breastfed.

‡ Excludes 22 births to women of other ethnic group.

TABLE 6.7.2
Mean Duration of Breastfeeding In Months, By Type of Breastfeeding, By Characteristics
Live Births in the Five Years Prior to the Survey Who Were Breastfed
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Exclusive Breastfeeding</u>	<u>Full Breastfeeding*</u>	<u>Any Breastfeeding</u>
Total	0.6	2.3	8.4
<u>Residence</u>			
Urban	0.5	2.4	8.5
Rural	0.7	2.4	8.2
<u>Region</u>			
Bucharest	1.3	2.9	9.4
Vallahia	0.2	2.2	9.8
Transylvania	0.4	2.0	6.1
Moldova	0.6	2.4	8.0
<u>Age Group at Birth</u>			
15-24	0.6	2.1	8.2
25-34	0.6	2.5	8.7
35-44	0.0	1.1	5.8
<u>Education Level</u>			
Secondary Incomplete	0.6	2.6	9.2
Secondary Complete	0.6	2.1	7.5
Postsecondary	0.2	1.8	4.8
<u>Ethnic Group†</u>			
Romanian	0.6	2.2	8.0
Hungarian	0.0	2.0	6.6
Roma	0.4	3.3	12.9
<u>Birth Order</u>			
First	0.5	2.0	7.2
Second	0.4	2.5	8.9
Third or Higher	0.7	3.4	11.3
<u>Type of Delivery</u>			
Vaginal	0.6	2.3	8.5
Caesarian Section	0.1	2.8	7.5
<u>Initiation of Breastfeeding‡</u>			
<24 hours	0.5	2.3	8.4
24-47 hours	0.8	2.6	8.7
>48 hours	0.5	2.5	7.5
<u>Weight at Birth</u>			
<2,500 grams	0.0	0.0	1.0
≥2,500 grams	0.6	2.4	8.8

* Children with exclusive (only breast milk) or almost exclusive (breast milk and other liquids excepting formula or other milk) breastfeeding.
† Excludes 20 births to women of other ethnic background.
‡ Excludes 21 births whose time of initiation of breastfeeding was unknown.

denominator included all live births in those five years (regardless of survival). These proportions were summed together to calculate the mean duration of breastfeeding. This method is known as the "current status mean" method (World Health Organization, 1991). Durations of exclusive and full breastfeeding were calculated the same way, where babies who did not yet initiate any other liquids or food were classified as exclusively breastfed and those who were either exclusively breastfed or started to receive liquids but no other food were classified as fully breastfed.

The mean duration of any breastfeeding was 8.4 months (Table 6.7.2). For most of this time, however, breastfeeding was only partial. The mean duration of exclusive breastfeeding was 0.6 month and did not vary greatly by maternal characteristics. Women who gave birth after the age of 34, Hungarian women, and women with a postsecondary education were less likely to exclusively breastfed. In addition, babies delivered by C-section and those with low birth weight were the least likely to be exclusively breastfed. Although WHO recommends that all children under four months of age should be exclusively breastfed, very few children in Romania were. Mean duration of full breastfeeding was 2.3 months and was shorter for the same groups of women who reported shorter duration of exclusive breastfeeding. Similarly, the duration of any breastfeeding was substantially shorter for these women.

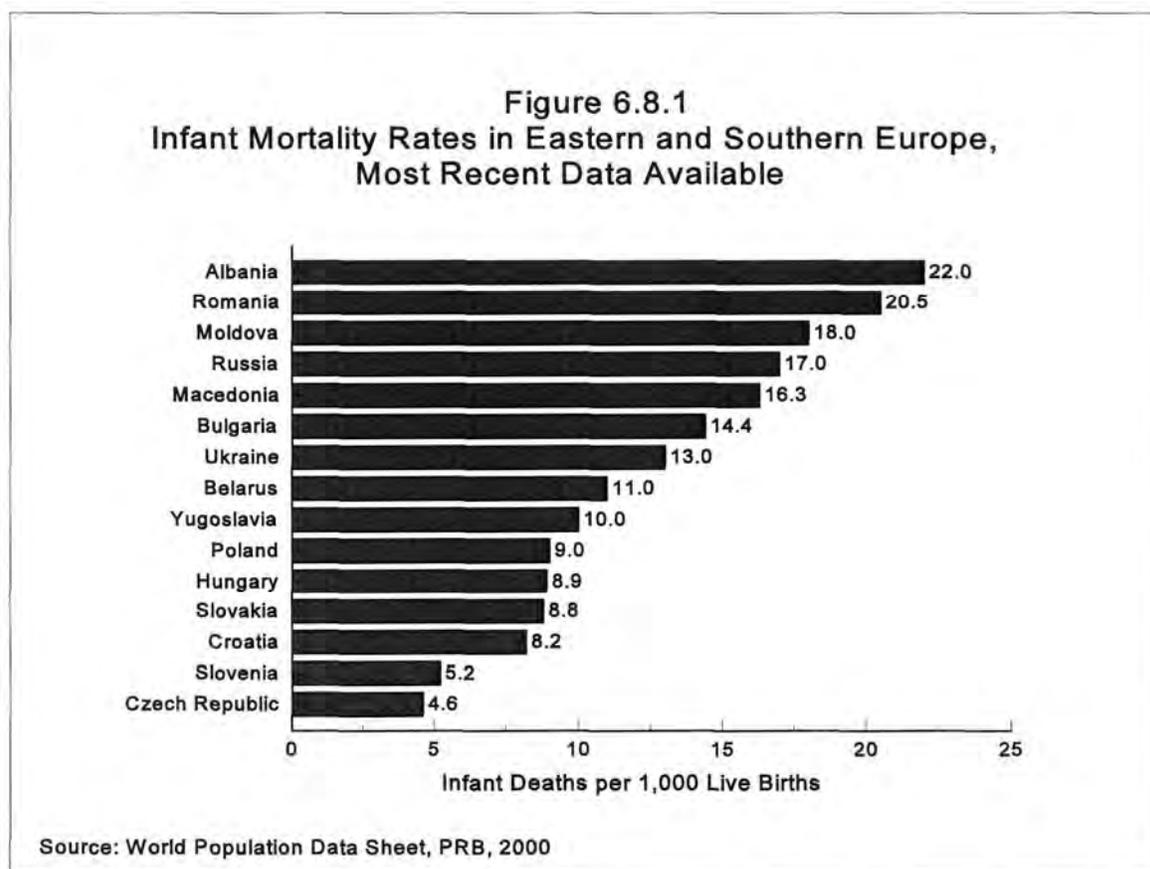
TABLE 6.7.3
Most Common Reasons for Stopping Breastfeeding by Age of the Child at Weaning
Among Infants Born in 1994–199 Who Were No Longer Breastfed at Interview
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

Reason	Total	Age at Weaning (in Months)				
		0–1	2–4	5–11	12–23	24–59
Insufficient Milk	49.5	76.9	70.9	34.4	5.8	13.0
Reached Aged to Be Weaned	22.2	0.3	1.3	21.4	84.6	53.3
Child Refused	14.8	7.5	17.5	24.7	3.1	2.6
Mother Became Ill	2.8	3.3	2.1	3.7	2.0	5.5
Mother Needed to Work	2.5	0.5	1.9	5.7	1.0	0.0
Child Became Ill	2.4	2.2	2.8	3.4	0.4	0.0
Mother Became Pregnant	2.4	0.0	0.6	3.5	2.9	25.6
Breast Problem	2.1	5.8	1.8	1.4	0.1	0.0
Mother Preferred Formula Milk	0.6	0.5	0.7	0.9	0.0	0.0
Other	0.7	2.3	0.2	0.9	0.0	0.0
Do Not Remember	0.1	0.7	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	1,597	271	554	426	309	37

The main reasons given by the mother for stopping breastfeeding were that she did not have sufficient milk to breastfed the baby (50%) followed by that the child had reached the age to be weaned (22%) and that the child stopped wanting breast milk (15%) (Table 6.7.3). Insufficient milk was particularly the most common response for children weaned before five months of age (77% and 71%, respectively). For babies aged one year or older, the most common reason was that the child reached the age to be weaned. One in four women stopped breastfeeding when the child was 5-11 months old because the child refused breast milk.

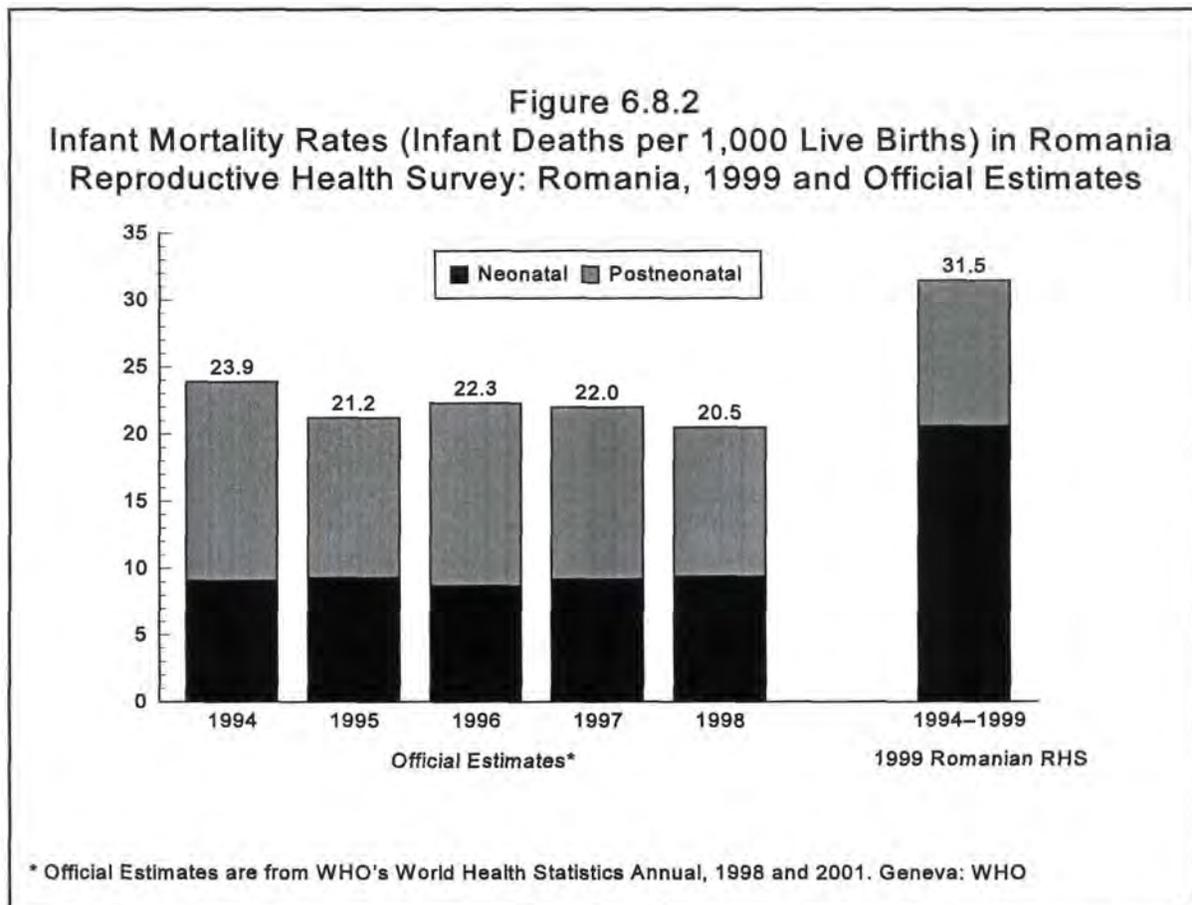
6.8 Infant and Child Mortality

One of the principal objectives of the 99RRHS was to estimate levels and trends in infant and child mortality, particularly because infant mortality in Romania is higher than in any other country of the region except Albania (Population Reference Bureau, 2000) (Figure 6.8.1). The survey questionnaire included a series of questions in the pregnancy history, obtaining for each live birth the date of birth, sex of the child, survival status, and for children who had died the age at death. Respondents were asked to report pregnancy outcomes (e.g. stillbirths and live births) according to international definitions. Thus, a live birth was defined as any birth, irrespective of the duration of



the pregnancy, that breathes or shows any other signs of life after separation from the mother. Survey data on mortality levels among respondents' children were used to calculate the infant mortality (deaths before the first birthday per 1,000) and child mortality (deaths between 12 and 59 completed months of age per 1,000) rates. Infant mortality was divided into two ranges, neonatal (0-28 days) and post-neonatal (29 days to 11 completed months). Infant and child mortality rates were calculated by means of life tables.

The infant mortality rate for the period July 1994—June 1999 was estimated at 31.5 per 1,000, and the mortality rate for under five years was 35 per 1,000 (i.e., 35 of each 1,000 live born children die before their fifth birthday) (Figure 6.8.2 and Table 6.8). In this five-year interval, the neonatal and post-neonatal mortality rates were 20.6 per 1,000 and 10.9 per 1,000, respectively. In this type of survey underestimation of neonatal mortality tends to be greater than underestimation of child mortality at older ages. Some women, especially those without formal education and those who have had many births, do not always consider their births to be live births, especially when the death occurred in the first few days of life. For this reason, the estimated five-year neonatal and infant mortality rates should be considered as minimum values.



The infant mortality rate estimated from the 99RRHS is about 40% higher than the infant mortality rate for January 1994-December 1998 reported by Romania to the World Health Organization ([Figure 6.8.2](#)). The greatest difference between the survey estimates and the official data was observed in the levels of neonatal mortality rates: for the most recent years of reporting, the official neonatal mortality rate was 39%-46% of the infant mortality rate, ranging from 9.1 per 1,000 in 1994 to 9.3 in 1995, 8.7 in 1996, 9.2 in 1997, and 9.4 in 1998 (WHO, World Health Statistics Annual, 1998 and 2001). Survey data showed that most of the infant deaths during the first year of life (69%) occurred during the first 28 days after birth. Similarly, in western European countries with relatively complete vital records, the ratio between neonatal and postneonatal deaths is typically 60% for comparable infant mortality rates (Demographic Yearbook, 1974). Thus, despite the potential underreporting of early child deaths among survey respondents, the survey estimates of neonatal deaths are substantially higher than the official data; the neonatal death rate of 20.6 per 1,000 in 1994-1998 was about twice as high as the official average rate for the same period of time. Presumably higher underreporting of these deaths exists within the vital records reporting system, either because hospitals use a Soviet-era definition for live birth (e.g., 28 weeks of gestation or weight at birth of 1,000 grams and respiratory movements) or because of underregistration of births within the civil registry system.

Differentials in infant and child mortality for the period July 1989-June 1999 by period of exposure (five-year intervals), area of residence, age, education level, and ethnic background of the mother, birth order, birth interval and sex of the child are presented in [Table 6.8](#). The infant mortality rate for the period July 1989-June 1999 was estimated at 29.6 per 1,000, and the mortality rate for under five years was 32.4 per 1,000. Neither infant nor child mortality rates differed significantly by mother's residence or by period of time. Mortality differentials by age of the mother at the time of birth showed that the highest infant and under five years mortality rates are found among births to women aged 30 and older (52 and 54 per 1,000). They had also reported the highest neonatal and postneonatal mortality rates (26.6 and 25.4 per 1,000). Young women under age 20 had the lowest neonatal mortality rate (11.6 per 1,000) but a high postneonatal mortality rate (22.2 per 1,000). Infant and under five years mortality rates were almost two times higher among mothers with primary education than among those with at least completed secondary education (39.7 and 46.1 vs. 22.3 and 23.9 per 1,000). The excess mortality was due to higher probabilities of dying after the first month of life for children born to less educated women, whereas the neonatal mortality rates in these two groups were comparable.

Infant mortality was much higher among Roma women than women of other ethnic backgrounds. The Roma infant mortality rate was two times higher than that for Romanian infants. Part of this difference may be due to lower education, earlier initiation of childbearing, higher fertility rate, overcrowding, and lower knowledge, access and use of health services; however, little is known about specific patterns of disease among Roma people and if they are different from those of other groups (e.g., different rates of inherited congenital malformations). These findings are

Table 6.8
Infant and Child Mortality Rates (Infant and Child Deaths per 1,000 Live Births)
By Selected Characteristics
Children Born Between July 1989 and June 1999
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Infant Mortality</u>			<u>Child Mortality</u>	<u>Total</u>	<u>Unweighted</u>
	<u>Total</u>	<u>Neonatal</u>	<u>Postneonatal</u>	<u>(1-4 Years)</u>	<u>(0-4 Years)</u>	<u>No. of Cases</u>
Total	29.6	18.9	10.7	2.8	32.4	3,990
Period of Exposure						
July 1989–June 1994	28.0	17.5	10.5	2.3	30.2	2,198
July 1994–June 1999	31.5	20.6	10.9	3.6	35.0	1,792
Residence						
Urban	32.2	24.0	8.2	3.5	35.6	1,641
Rural	27.2	14.1	13.1	2.1	29.2	2,349
Age Group at Birth						
12–19	33.8	11.6	22.2	4.2	37.8	575
20–29	24.4	19.0	5.4	2.8	27.2	2,904
30–44	52.0	26.6	25.4	1.9	53.8	511
Education Level						
Primary or less	39.7	14.3	25.4	6.6	46.1	791
Secondary Incomplete	31.6	20.3	11.3	2.3	33.9	1,683
Sec. Complete and Postsecondary	22.3	19.9	2.5	1.6	23.9	1,516
Ethnic Group						
Romanian	26.9	17.3	9.5	2.3	29.2	3,376
Hungarian	35.3	29.0	6.2	0.0	35.3	238
Roma	50.6	25.6	25.0	5.6	56.0	324
Other	21.1	21.1	0.0	0.0	21.1	52
Birth Order						
First	24.1	14.5	9.6	2.6	26.6	2,035
Second	22.9	17.5	5.3	2.7	25.5	1,221
Third or higher	56.9	34.2	22.7	3.9	60.6	734
Birth Interval						
<2 years	41.8	25.4	16.3	1.2	43.0	595
2–3 years	21.8	13.9	7.9	2.9	24.7	677
4+ years	46.0	33.2	12.9	5.6	51.4	633
First birth (no pre-birth interval)	24.1	14.5	9.6	2.6	26.6	2,035
Child Gender						
Male	32.1	21.0	11.1	2.7	34.7	2,049
Female	26.3	16.0	10.3	3.1	29.4	1,929

consistent with a recent United Nation High Commissioner for Refugees (UNHCR) report on the Roma people of Central and Eastern Europe (Braham M, 1993) that found infant mortality rates four times higher among Roma people than among their non-Roma neighbors.

In the 99RRHS, the highest infant and under five years mortality rates were found among births to women with two or more previous births (56.6 and 60.6 per 1,000). The mortality rates were also higher among infants born after short birth intervals (less than two years) or those spaced 4 or more years compared to those spaced 2-3 years. Male infant and under five years mortality rates were slightly higher than the rates for females (32.1 and 34.7 per 1,000 vs. 26.3 and 29.4 per 1,000), reflecting the sex differential in neonatal mortality.

CHAPTER VII

CONTRACEPTIVE AWARENESS AND KNOWLEDGE OF USE

Although the induced abortion rate declined significantly from 1993 to 1999, Romania continues to report more than two abortions for every live birth, owing mostly to low use of effective contraception and a high reliance on traditional methods, public lack of knowledge and mistrust of modern methods, and underutilization of the family planning services recently made available in the country. Despite the recent successes of the national family planning program launched in the early 1990s and the united efforts of non-governmental organizations and donor organizations, much more work is needed to meet the contraceptive needs of all subgroups of the Romanian population. Lack of or misleading information about family planning methods and their side effects, and little knowledge about the places where methods can be obtained, are important barriers to consistent and correct use.

An important objective of the 99RRHS was to explore the level of knowledge of family planning methods and their source of supply among women and men of reproductive age in the aftermath of intensified information, education, and communication (IEC) efforts during the 1990s. In reference to 10 modern and traditional contraceptive methods, respondents were asked if they had ever heard about each, if yes from whom, if they knew to use them, and if they knew where they could be obtained. These data were compared with results from the previous reproductive health surveys to examine recent trends in contraceptive knowledge.

7.1 Contraceptive Awareness and Knowledge of Use

In 1999 virtually all women had heard of at least one modern method of contraception (99%) and most had heard of a traditional method (93%) ([Table 7.1.1 A](#)). Awareness of condoms, pills, and intrauterine devices (IUD) was very high (98%, 93%, and 91%, respectively), followed by awareness of withdrawal and the calendar method (85%). Contraceptive female sterilization (tubal ligation) was known by almost three of four women (72%). The least known methods were those that are seldom available (vasectomy and injectables). Awareness of emergency contraception was also very low, in spite of the relatively good availability of combined oral contraceptives.

Although the level of overall awareness of either modern or traditional methods did not vary much by residence, some urban-rural differences were notable in women's awareness about specific contraceptive methods. For example, awareness of pills or the IUD was 12%—13% higher among

TABLE 7.1.1A
Percentage of Women 15–44 Years of Age Who Have Heard of Specific Contraceptive Methods
by Residence
Reproductive Health Survey: Romania, 1993, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>1993</u>		<u>1999</u>		
		<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<u>Any Method</u>	<u>95.8</u>	<u>97.8</u>	<u>92.5</u>	<u>99.6</u>	<u>99.9</u>	<u>99.1</u>
Average No. of FP Methods	5.2	5.7	4.3	6.7	7.2	5.8
<u>Any Modern Method</u>	<u>93.7</u>	<u>97.0</u>	<u>88.2</u>	<u>99.2</u>	<u>99.7</u>	<u>98.3</u>
Condom	89.0	95.3	78.6	98.1	99.1	96.2
Pills	79.1	87.0	65.8	92.5	96.8	85.1
IUD	71.2	80.5	55.6	91.0	94.9	84.4
Tubal Ligation	56.0	62.2	45.6	72.3	78.1	62.5
Spermicides	33.9	41.5	21.2	48.3	57.1	33.3
Vasectomy	12.2	15.4	6.8	40.5	51.0	22.3
Emergency Contraception	NA	NA	NA	30.1	37.4	17.5
Injectables	15.7	18.1	11.7	25.6	28.5	20.7
Average No. Modern Methods	3.7	4.1	2.9	5.0	5.4	4.2
<u>Any Traditional Method</u>	<u>84.5</u>	<u>87.8</u>	<u>79.1</u>	<u>92.8</u>	<u>95.2</u>	<u>88.6</u>
Withdrawal	75.3	77.6	71.4	85.4	87.4	81.8
Calendar	75.4	81.9	64.4	85.2	90.8	75.5
<u>Unweighted No. of Cases</u>	<u>4,861</u>	<u>3,190</u>	<u>1,668</u>	<u>6,888</u>	<u>3,906</u>	<u>2,982</u>

NA = Not applicable.

urban residents than among rural residents, female sterilization 25% higher, and spermicides 71% higher. For some lesser known methods (vasectomy and emergency contraception) the gap was even larger.

In 1999, compared with 1993, there was a slight increase in women's overall awareness of both modern (from 94% to 99%) and traditional (from 85% to 93%) methods. Awareness of all modern methods increased. Awareness of female sterilization increased by 30%, spermicides increased by 42%, vasectomy by 230%, and injectables by 63%. Even with these increases,

TABLE 7.1.1B
Percentage of Men 15–49 Years of Age Who Have Heard of Specific Contraceptive Methods
by Residence and by Region
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Residence</u>		<u>Region</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallabia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Any Method</u>	<u>99.7</u>	<u>100.0</u>	<u>99.2</u>	<u>100.0</u>	<u>99.5</u>	<u>99.8</u>	<u>99.5</u>
<u>Average # of FP Methods</u>	<u>5.7</u>	6.3	4.8	6.3	5.5	5.8	5.5
<u>Any Modern Method</u>	<u>99.5</u>	<u>100.0</u>	<u>98.8</u>	<u>100.0</u>	<u>99.3</u>	<u>99.7</u>	<u>99.4</u>
Condom	99.2	100.0	98.0	100.0	98.8	99.3	99.1
Pills	84.5	92.0	73.6	92.4	83.4	87.2	77.5
IUD	68.7	76.0	58.1	82.4	66.5	66.6	69.2
Tubal Ligation	52.8	61.2	40.6	62.3	46.6	56.3	52.8
Vasectomy	31.2	41.7	15.9	50.7	24.5	34.2	27.8
Spermicides	25.6	31.9	16.4	38.5	27.9	21.4	21.8
Emergency Contraception	20.4	25.1	13.5	23.6	13.3	30.2	14.0
Injectables	16.1	18.7	12.4	11.8	16.5	15.5	18.8
<u>Average # of Mod. Methods</u>	<u>4.0</u>	4.5	3.3	4.6	3.8	4.1	3.8
<u>Any Traditional Method</u>	<u>93.3</u>	<u>95.0</u>	<u>90.7</u>	<u>90.1</u>	<u>94.3</u>	<u>92.9</u>	<u>93.5</u>
Withdrawal	90.7	91.7	89.3	88.0	91.6	90.8	90.5
Calendar	78.6	86.7	66.8	84.1	82.2	74.6	76.4
<u>Unweighted No. of Cases</u>	<u>2,434</u>	<u>1,346</u>	<u>1,088</u>	<u>223</u>	<u>839</u>	<u>940</u>	<u>432</u>

however, fewer than one of two and one of four women, respectively, had heard of vasectomy and injectables. In rural areas, on the other hand, there was a more substantial increase in women's awareness of all modern methods since 1993, including the better known methods such as condoms, pills, and IUDs. Overall, the average number of methods a woman was aware of increased from 5.2 in 1993 to 6.7 in 1999, almost entirely because of a higher average of the number of modern methods known in 1999 (5.0 vs. 3.7 modern methods).

Among men, except for universal awareness of the condom, overall awareness of all methods was lower than that of women—men knew, on average, one method less than women—and the differential between the levels of awareness of modern methods in urban and rural areas was equally

TABLE 7.1.2
Percentage of Women and Men of Reproductive Age
Who Have Heard of Specific Contraceptive Methods
by Age Group and by Marital Status
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Age Group</u>			<u>Marital Status</u>		
		<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>Married & In Union</u>	<u>Previously Married</u>	<u>Never Married</u>
Women Aged 15-44							
<u>Any Method</u>	<u>99.6</u>	<u>99.4</u>	<u>99.8</u>	<u>99.6</u>	<u>99.7</u>	<u>99.5</u>	<u>99.3</u>
<u>Any Modern Method</u>	<u>99.2</u>	<u>99.3</u>	<u>99.5</u>	<u>98.7</u>	<u>99.3</u>	<u>97.7</u>	<u>99.3</u>
Condom	98.1	98.6	98.3	97.3	98.0	95.8	98.8
Pills	92.5	90.9	94.8	91.9	92.5	91.4	92.8
IUD	91.0	84.0	96.4	93.5	95.2	91.4	81.6
Tubal Ligation	72.3	56.1	81.0	82.3	79.0	79.8	55.4
Spermicides	48.3	42.1	57.5	45.7	50.6	50.0	42.8
Vasectomy	40.5	37.4	45.8	38.1	39.4	35.4	44.0
Emergency Contraception	30.1	32.6	31.6	25.4	26.8	26.7	38.4
Injectables	25.6	26.1	29.1	21.1	26.2	22.8	24.9
Average # of Mod. Methods	5.0	4.7	5.3	5.0	5.1	4.9	4.8
<u>Any Traditional Method</u>	<u>92.8</u>	<u>83.4</u>	<u>98.3</u>	<u>97.9</u>	<u>98.2</u>	<u>96.3</u>	<u>79.8</u>
Withdrawal	85.4	66.5	96.0	96.2	96.5	95.3	57.8
Calendar	85.2	74.1	91.8	91.2	89.8	85.4	74.8
Unweighted No. of Cases	6,888	2,163	2,678	2,047	4,846	476	1,566
Men Aged 15-49							
<u>Any Method</u>	<u>99.7</u>	<u>99.5</u>	<u>99.5</u>	<u>99.9</u>	<u>99.9</u>	<u>100.0</u>	<u>99.3</u>
<u>Any Modern Method</u>	<u>99.5</u>	<u>99.5</u>	<u>99.5</u>	<u>99.5</u>	<u>99.6</u>	<u>100.0</u>	<u>99.2</u>
Condom	99.2	98.9	99.4	99.2	99.4	100.0	98.7
Pills	84.5	79.7	89.1	85.0	86.6	87.0	80.9
IUD	68.7	53.4	80.9	72.3	77.5	72.3	54.0
Tubal Ligation	52.8	33.5	58.2	64.8	63.1	48.8	36.5
Vasectomy	31.2	27.5	34.7	31.7	31.8	25.9	30.7
Spermicides	25.6	23.6	30.5	23.5	26.4	22.5	24.4
Emergency Contraception	20.4	21.0	24.6	16.7	19.0	20.2	22.7
Injectables	16.1	16.7	18.9	13.5	15.6	12.4	17.3
Average # of Mod. Methods	4.0	3.5	4.4	4.1	4.2	3.9	3.7
<u>Any Traditional Method</u>	<u>93.3</u>	<u>86.0</u>	<u>96.4</u>	<u>96.9</u>	<u>97.6</u>	<u>93.7</u>	<u>86.2</u>
Withdrawal	90.7	81.8	94.6	95.2	96.0	87.8	82.4
Calendar	78.6	64.8	85.6	84.9	86.9	79.2	65.1
Unweighted No. of Cases	2,434	631	775	1,028	1,595	95	744

striking ([Table 7.1.1B](#)). Comparing the four regions, except for the condom, the levels of awareness of the better known modern methods were higher in Bucharest than in Vallahia, Transylvania, or Moldova. Men's level of awareness of emergency contraception was especially low in Vallahia and Moldova, and their awareness of injectables was low in all four regions.

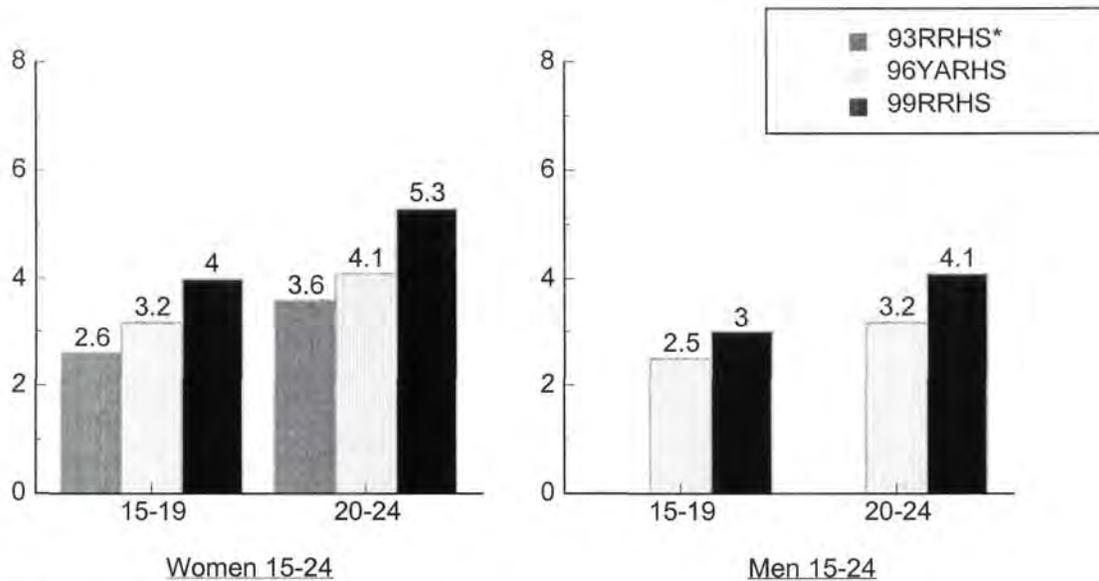
Among women 15-44 years of age, the overall awareness of modern methods was equally high and did not vary with the respondent's age, with the sole exception of female sterilization, which was known by only 56% of the youngest women ([Table 7.1.2](#)). The overall awareness of traditional methods was also lower among the youngest women (83% vs. 98%). For women aged 25—44, awareness of the IUD ranked second after condoms and awareness of pills ranked third; for the youngest respondents awareness of condoms and pills were higher than IUD awareness (99% and 91%, respectively, vs. 84%).

Virtually all currently married or cohabitating women (i.e., women in union) as well as previously married women had heard of at least one modern method and at least one traditional method. With the exception of never-married women, whose awareness of traditional methods was much lower than that of modern methods (80% vs. 99%), knowledge of modern and traditional methods was equally high. Awareness of some modern methods was lower among never-married than among ever-married respondents (e.g., female sterilization), however. Since marital status is directly correlated with age (see Chapter IV) and never-married women were more likely to be young, the pattern of knowledge of specific methods among unmarried women resembled that for younger women, with higher awareness of condoms (99%) and lower awareness of IUDs (82%) and tubal ligation (55%).

Among men the patterns are similar (bottom panel of [Table 7.1.2](#)). Except for condoms and pills, knowledge of the more widely available modern methods was substantially lower among the youngest men (15-24 years old). As was the case for women, the youngest men were also somewhat less likely to be aware of any traditional method (86% vs. 96%-97%). The differentials according to marital status were similar to those of women, with fewer never-married men being as aware of all modern methods, except the condom.

Overall, the number of modern family planning methods recognized was the lowest among young adults (4.7 among women and 4.0 among men) and unmarried respondents. Compared with previous reproductive health surveys, however, there was a continuous improvement in young adults' awareness of modern methods for both women and men; the improvement was more pronounced between 1996 and 1999 ([Figure 7.1.1](#)). Among women, the average number of methods known increased by approximately 50% between 1993 and 1999 (from 2.6 to 4.0 methods among 15-19- year-olds and from 3.6 to 5.3 among 20-24-year-olds) and the increase was more rapid since 1996 (especially among 20-24-year-old women). Similarly, men aged 15-24 showed a more rapid acquisition of awareness of modern methods than 15-19-year-olds between 1996 and 1999.

Figure 7.1.1
 Average Number of Modern Contraceptive Methods Known
 Among Young Adult Women and Men
 Reproductive Health Survey: Romania, 1993, 1996, and 1999



* Men were not interviewed in the 1993 survey.

Respondents' overall level of awareness of at least one modern method was not significantly different for better-educated women and men (Table 7.1.3). Awareness of specific methods, with the exception of condom awareness, was lower among women with only a primary education, however. Particularly notable was the much lower awareness of tubal ligation, spermicides, vasectomy, injectables, and emergency contraception among less-educated women. Consequently, the average number of modern methods known was directly correlated with education, ranging from 3.4 modern methods among women with a primary education to 6.6 modern methods among the most educated women. The overall awareness of traditional methods was also positively correlated with education but the variation was less pronounced.

The pattern is similar among men; with the exception of condoms, the level of awareness of all modern methods is positively correlated with the level of respondents' education. Men with postsecondary education know, on average, three modern methods more than those with only primary complete education.

TABLE 7.1.3
Percentage of Women and Men of Reproductive Age
Who Have Heard of Specific Contraceptive Methods, by Education
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Education Level</u>			
		<u>Primary or Less</u>	<u>Secondary Incomplete</u>	<u>Secondary Complete</u>	<u>Postsecondary</u>
<u>Women Aged 15-44</u>					
<u>Any Method</u>	<u>99.6</u>	<u>98.8</u>	<u>99.6</u>	<u>99.9</u>	<u>100.0</u>
<u>Any Modern Method</u>	<u>99.2</u>	<u>96.7</u>	<u>99.6</u>	<u>99.7</u>	<u>100.0</u>
Condom	98.1	91.8	99.1	99.5	99.8
Pills	92.5	72.1	93.7	98.7	99.8
IUD	91.0	77.2	89.3	96.4	99.3
Tubal Ligation	72.3	51.6	67.0	80.7	90.1
Spermicides	48.3	19.3	39.5	58.1	79.3
Vasectomy	40.5	7.0	26.6	52.8	81.8
Emergency Contraception	30.1	4.4	19.4	38.1	64.5
Injectables	25.6	12.7	20.8	29.0	42.9
Average # of Mod. Methods	5.0	3.4	4.6	5.5	6.6
<u>Any Traditional Method</u>	<u>92.8</u>	<u>82.0</u>	<u>90.9</u>	<u>97.5</u>	<u>99.5</u>
Withdrawal	85.4	76.9	80.9	90.9	93.7
Calendar	85.2	60.1	82.2	95.4	99.1
Unweighted No. of Cases	6,888	1,210	2,524	2,087	1,067
<u>Men Aged 15-49</u>					
<u>Any Method</u>	<u>99.7</u>	<u>97.7</u>	<u>99.9</u>	<u>100.0</u>	<u>100.0</u>
<u>Any Modern Method</u>	<u>99.5</u>	<u>96.9</u>	<u>99.9</u>	<u>99.9</u>	<u>100.0</u>
Condom	99.2	96.4	99.4	99.8	100.0
Pills	84.5	52.6	81.9	98.0	99.2
IUD	68.7	31.3	63.4	83.8	92.8
Tubal Ligation	52.8	26.5	44.4	66.3	78.1
Vasectomy	31.2	6.9	20.0	41.1	66.8
Spermicides	25.6	7.6	17.5	34.6	49.1
Emergency Contraception	20.4	3.3	14.3	24.3	44.8
Injectables	16.1	6.4	12.2	20.4	28.3
Average # of Mod. Methods	4.0	2.3	3.5	4.7	5.6
<u>Any Traditional Method</u>	<u>93.3</u>	<u>80.3</u>	<u>92.5</u>	<u>97.9</u>	<u>99.4</u>
Withdrawal	90.7	75.9	89.8	96.3	97.7
Calendar	78.6	49.8	73.1	92.6	97.8
Unweighted No. of Cases	2,434	324	1,115	578	417

Respondents who reported that they were aware of (i.e., "have heard of") a contraceptive method were asked whether they knew how to use the method. The proportion of respondents who know how each method or procedure is used is usually substantially lower than the proportion aware of each method or procedure (Figure 7.1.2). Among women, knowledge of use of any modern or traditional method was lower than the corresponding awareness (86% vs. 99% and 85% vs. 93%, respectively) (Table 7.1.4). For the most widely known modern contraceptive methods (condoms, pills, and IUDs), there was a serious gap between awareness of the method and knowledge of how they are used (Figure 7.1.2). Although awareness of condoms was universal, only 78% of women said they actually knew how condoms are used. Additionally, although 93% and 91% have heard of the pill or IUD, only 54% and 56%, respectively, knew how the methods are used. A similar gap in knowledge was obvious for tubal ligation, spermicides, and injectables, further narrowing the proportion of women who could start using these methods. The gap between awareness and knowledge of use was also present for the calendar method and, to a lesser extent, for withdrawal.

Figure 7.1.2
 Awareness of and Knowledge of How to Use Contraceptive Methods,
 Among Women Aged 15-44 Years
 Reproductive Health Survey: Romania, 1999

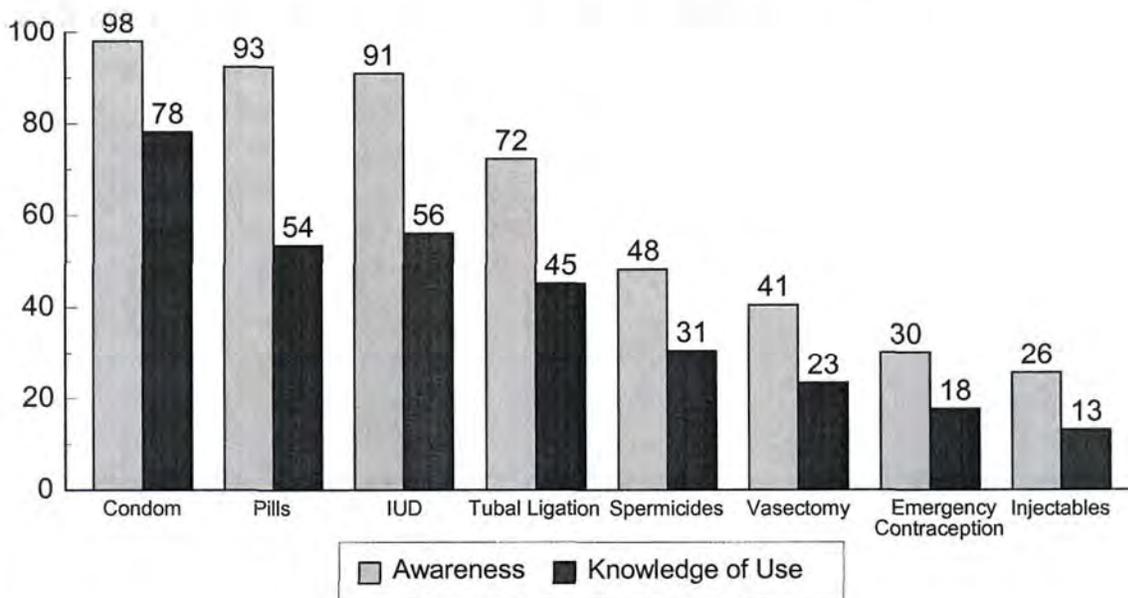


TABLE 7.1.4
Percentage of Women 15–44 Years of Age
Who Report They Know How Specific Contraceptive Methods are Used,
by Education
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Education Level</u>			
		<u>Primary Or Less</u>	<u>Secondary Incomplete</u>	<u>Secondary Complete</u>	<u>Postsecondary</u>
<u>Women Aged 15-44</u>					
<u>Any Method</u>	94.0	84.5	93.2	97.6	98.6
<u>Any Modern Method</u>	86.4	67.0	85.2	92.6	97.4
Condom	78.2	52.1	75.6	86.8	94.7
IUD	56.1	31.6	48.3	66.9	78.3
Pills	53.5	28.8	46.6	62.7	77.0
Tubal Ligation	45.2	23.1	36.7	53.7	70.6
Spermicides	30.5	11.5	21.8	38.3	54.8
Vasectomy	23.4	2.9	11.5	31.0	56.1
Emergency Contraception	17.7	1.7	9.8	20.7	45.2
Injectables	13.1	3.7	8.6	14.8	29.2
<u>Any Traditional Method</u>	85.4	73.7	80.8	92.1	95.1
Withdrawal	79.8	69.6	74.3	86.6	89.6
Calendar	66.6	39.2	57.9	80.1	89.0
<u>Unweighted No. of Cases</u>	6,888	1,210	2,524	2,087	1,067
<u>Men Aged 15-49</u>					
<u>Any Method</u>	97.1	87.6	97.6	99.6	100.0
<u>Any Modern Method</u>	93.2	78.9	92.2	99.1	99.4
Condom	91.8	77.6	90.3	98.1	98.8
Pills	47.3	17.3	40.2	58.9	74.2
IUD	43.3	12.5	33.8	58.3	72.8
Tubal Ligation	33.6	10.7	23.8	45.2	62.4
Vasectomy	20.3	2.6	9.7	27.6	52.8
Spermicides	16.0	3.4	10.1	23.0	32.4
Emergency Contraception	13.4	2.4	7.7	18.2	31.0
Injectables	7.5	2.9	4.7	8.2	17.5
<u>Any Traditional Method</u>	90.6	75.3	89.1	96.6	98.7
Withdrawal	88.6	72.8	87.1	95.0	96.7
Calendar	60.3	29.1	52.5	76.0	85.0
<u>Unweighted No. of Cases</u>	2,434	324	1,115	578	417

The difference between awareness and knowledge of use diminished with increased education. For example, the proportion of women who did not know how condoms are used decreased from 48% among women with a primary education, to 24% among women with a less than complete secondary education, to 13% of those with a complete secondary education and to only 5% among those with a university education. Similarly, the proportion of women who did not know how the IUD works decreases from 68% to 22% between the lowest and highest levels of education, whereas the percentage of women who did not know how to use the pill decreased from 71% to 23%. Similarly, knowledge of the use of periodic abstinence more than doubles among women with a postsecondary education compared with women with primary education.

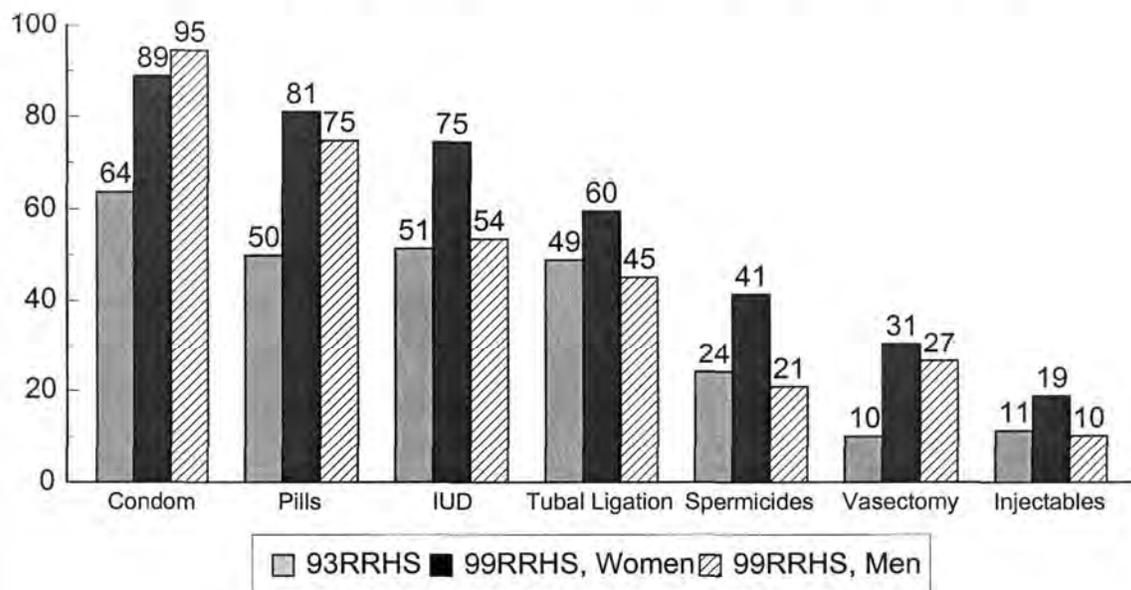
With the exception of condoms and withdrawal, as was the case for women, the level of knowledge among men about how specific contraceptives are used was also substantially lower than their awareness of these methods (bottom panel of [Table 7.1.4](#)). To an even greater extent than among women, this knowledge was also positively correlated with men's level of education. For example, between five and six times as many men in the highest education group compared with the lowest said that they know how pills, IUDs, and tubal ligation are used.

TABLE 7.1.5A
Percentage of Women Aged 15–44 Who Know Where to Get Supplied Contraceptive Methods
by Residence
Reproductive Health Survey: Romania, 1993 and 1999

<u>Contraceptive Method</u>	<u>1993</u>			<u>1999</u>		
	<u>Total</u>	<u>Urban</u>	<u>Rural</u>	<u>Total</u>	<u>Urban</u>	<u>Rural</u>
<u>Any Supplied Method</u>	<u>82.5</u>	<u>89.1</u>	<u>71.5</u>	<u>93.0</u>	<u>97.0</u>	<u>85.9</u>
Condom	63.7	70.2	52.8	88.9	94.3	79.6
Pills	49.9	56.6	38.8	81.1	89.0	67.3
IUD	51.4	59.4	38.1	74.5	82.3	61.2
Tubal Ligation	48.9	55.8	37.5	59.5	67.1	46.4
Spermicides	24.1	30.2	13.8	41.4	50.0	26.7
Vasectomy	10.0	12.7	5.5	30.5	39.3	15.4
Emergency Contraception	NA	NA	NA	25.2	32.0	13.4
Injectables	11.2	13.3	7.8	18.8	21.8	13.7
<u>Unweighted No. of Cases</u>	<u>4,861</u>	<u>3,190</u>	<u>1,668</u>	<u>6,888</u>	<u>3,906</u>	<u>2,982</u>

NA = Not Applicable.

Figure 7.1.3
 Knowledge of A Source for Contraceptive Methods
 By Specific Methods
 Reproductive Health Survey: Romania, 1993 and 1999



Another indicator commonly used to evaluate Information, Education and Communication efforts is knowledge of source(s) of contraception. The 99RRHS found that 93% of women could name at least one source for supplied methods of contraception (Table 7.1.5A). Knowledge about contraceptive source increased 10 percentage points from six years ago (83% in 1993). Respondents were more likely to know a source for commonly used methods. For instance, 89% of women knew where to obtain condoms, 81% knew a source for pills, and 75% knew a source for IUDs, but very few knew where vasectomies are performed or where to get injectables or emergency contraception (Figure 7.1.3). Compared with 1993, knowledge of a source for condoms, pills and IUDs increased markedly, whereas knowledge about sources for the least used methods was much less widespread.

The data on knowledge of sources of modern contraceptive methods were similar for men. Not surprisingly, a slightly higher proportion of men (96%) than women (89%) were aware of a source for condoms, although fewer men than women knew of a source of all other modern methods (Table 7.1.5B). As was the case for women, among men knowledge of sources of contraception was lower in rural areas and is higher in Bucharest than in the other three regions.

TABLE 7.1.5B
Percentage of Men 15–49 Years of Age Who Knew Where to Get Supplied Contraceptive Methods
by Residence and Region
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Residence</u>		<u>Region</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Bucharest</u>	<u>Vallahia</u>	<u>Transylvania</u>	<u>Moldova</u>
<u>Any Supplied Method</u>	<u>95.6</u>	<u>98.3</u>	<u>91.8</u>	<u>97.4</u>	<u>95.0</u>	<u>96.2</u>	<u>94.8</u>
Condom	94.5	97.5	90.3	96.5	93.7	95.2	93.7
Pills	74.8	83.9	61.5	83.2	72.6	77.6	69.2
IUD	53.5	62.2	41.1	63.7	51.8	52.0	53.9
Tubal Ligation	45.1	53.7	32.8	50.7	39.2	49.2	45.8
Vasectomy	26.5	35.7	13.0	41.1	20.7	29.6	23.7
Spermicides	20.8	26.4	12.6	31.6	22.7	17.2	17.8
Emergency Contraception	17.5	21.9	11.1	20.1	10.1	27.1	12.2
Injectables	10.1	12.4	6.7	7.4	9.3	10.7	12.1
<u>Unweighted No. of Cases</u>	<u>2,434</u>	<u>1,346</u>	<u>1,088</u>	<u>223</u>	<u>839</u>	<u>940</u>	<u>432</u>

7.2 First Source of Information About Contraception

The 99RRHS found that among women 15-44 years of age, the main source of information about birth control methods was a friend or acquaintance (41%), followed by mass-media (9% audio-visual media, 11% print media and 3% books and a physician (11%) (Table 7.2.1 A and Figure 7.2.1). Young women (15-24 years of age) reported similar first sources of information as older women (Figure 7.2.2). More than one in three (38%) young women found out about contraception in discussions with a friend or acquaintance, 25% from mass-media or books, and 7% from a health care provider. Only 9% of the young women surveyed said that they had first heard about contraception from one of their parents (7% from their mothers). Only 4% of young women cited the school as their first source of contraceptive information. Mass media was a first source of information for more young women than all women aged 15-44 years.

The first source of information for contraception did not change much over time. Generally, mass media and medical practitioners continued to play a limited role in contraceptive educational efforts, even though 1 in 5 and 1 in 10 women, respectively, mentioned them as the first source of information. Similarly, there was little change in contraceptive information among young adult women. The 96YARHS showed that the first source of information for young women was a friend

or acquaintance (42%), followed by mass media (17%) and a physician (11%) (Serbanescu F. and Morris L., 1998). Although the 96YARHS documented a slight increase in the contribution of health providers (from 6% to 11%) and young women's mothers (from 7% to 10%) in spreading contraceptive information, the 99RRHS showed a slight decrease in the prevalence of these sources between 1996 and 1999. Furthermore, there was no significant change in the role played by schools as a first source of contraceptive information, presumably because courses including information on contraception are taught late, after youths are exposed to other sources of information (see Chapter XIV).

These findings explain, in part, the poor quality of contraceptive information, often acquired through rumors, and argue for increasing 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.

TABLE 7.2.1A
First Source of Information About Contraception
Among Women Who Have Heard About Specific Methods of Contraception
All Women and Young Women Aged 15–24
Reproductive Health Survey: Romania, 1999, 1996 and 1993
(Percent Distribution)

<u>First Source of Information About Contraception</u>	<u>1999</u>		<u>1996</u>	<u>1993</u>	
	<u>All Women</u>	<u>Young Women</u>	<u>Young Women</u>	<u>All Women</u>	<u>Young Women</u>
Friend, Peer, Colleague	41.4	38.2	41.8	44.3	41.0
Physician	11.0	7.1	10.8	9.8	6.4
Television or Radio*	8.7	10.3	9.7	19.3	24.8
Brochures/Newspapers/Magazines	8.2	12.2	4.2	NA	NA
Relative	6.9	6.7	8.3	4.8	5.7
Partner or Boyfriend	6.8	5.3	6.4	9.9	6.7
Mother or Father	6.0	8.7	9.9	4.1	7.3
Nurse/Midwife or Pharmacist	2.8	2.2	1.0	3.6	2.3
Books	2.7	2.6	2.9	NA	NA
School	2.0	3.9	3.6	NA	NA
Other†	0.8	0.5	0.3	3.6	5.1
Do Not Remember	2.7	2.3	1.3	0.6	0.7
Total	100.0	100.0	100.0	100.0	100.0

* In 1993 there was only one category for mass media, which included radio, television, print media, and books.

† In 1993 includes also "school" or "teacher."

NA = Not applicable

TABLE 7.2.1B
First Source of Information About Contraception
Among Men Who Have Heard About Specific Methods of Contraception
All Men and Young Men Aged 15–24
Reproductive Health Survey: Romania, 1999 and 1996

First Source of Information About Contraception	1999				1996
	All Men	Men Aged 15–24	Men Aged 25–34	Men Aged 35–49	Men Aged 15–24
Friend, Peer, Colleague	47.0	52.0	46.6	43.9	55.6
Partner/Girlfriend	11.0	7.7	10.9	13.4	7.7
TV or Radio	9.4	12.2	8.5	8.2	11.9
Brochures/Newspapers/Magazines	8.4	9.2	10.2	6.4	7.0
Physician	5.7	2.1	6.3	7.6	2.0
Books	2.9	2.6	2.7	3.2	1.5
Relative	2.1	2.3	2.2	1.8	2.3
Mother or Father	1.2	2.0	0.7	1.1	2.5
School	1.1	2.1	0.7	0.8	2.5
Nurse/Midwife or Pharmacist	1.0	0.5	0.8	1.5	0.4
Other	2.2	2.4	2.1	2.2	1.4
Do not Remember	8.0	5.0	8.2	9.8	3.5
Total	100.0	100.0	100.0	100.0	100.0

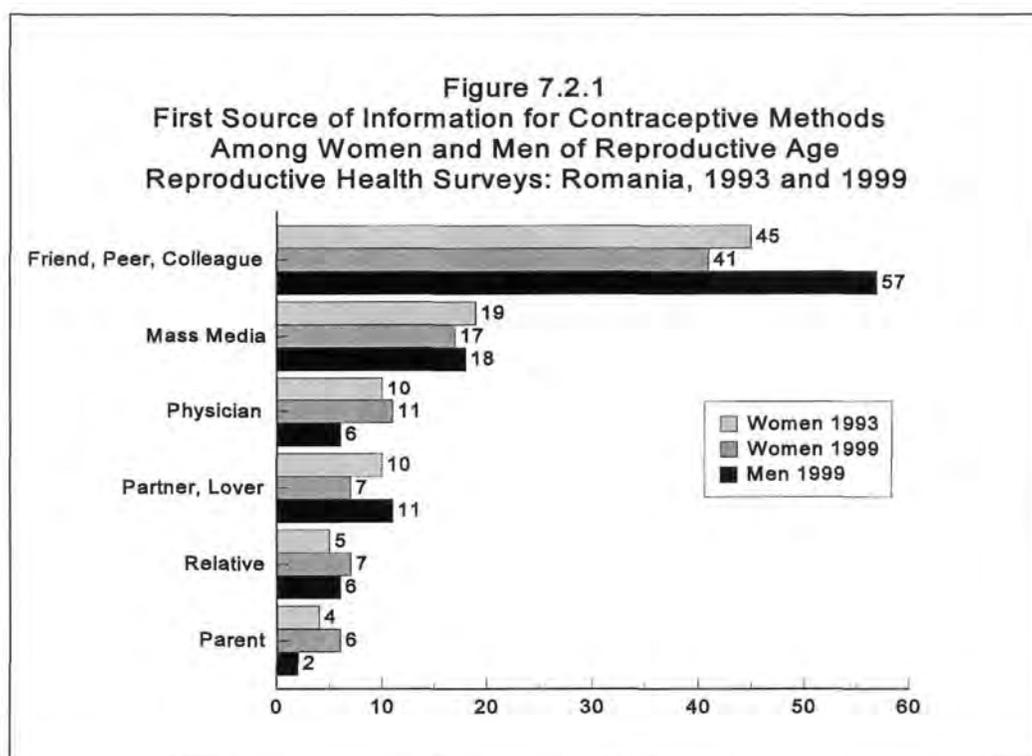
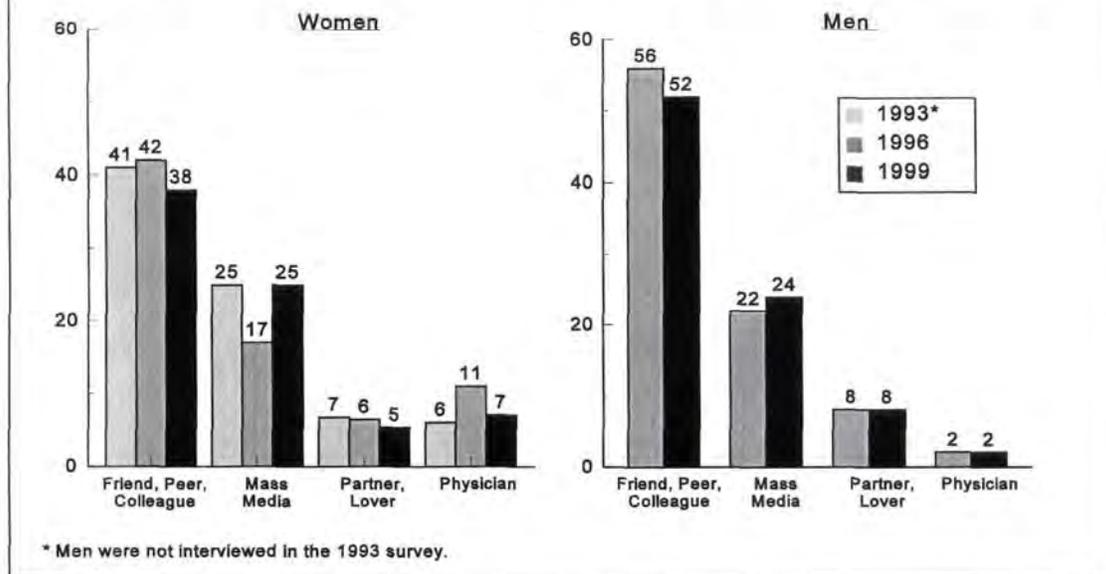


Figure 7.2.2
First Source of Information for Contraceptive Methods
Young Adult Women and Men
Reproductive Health Survey: Romania, 1993, 1996, and 1999



Overall, contraceptive information among men was more likely to be acquired for the first time from a friend, peers or colleague (47%), a girlfriend or partner (11%), and mass-media (21%) (Table 7.2.1B and Figure 7.2.1). Physicians (6%), parents (1%), and school (1%) seldom contribute to first contraceptive information among men. The source of first contraceptive information varied only slightly by age: contraceptive information from a friend (52%) or mass media (24%) were mentioned more frequently by young adult men than their older counterparts, whereas information from a medical provider were the least likely among 15-24 year olds (2%). Furthermore, there has been very little change in the source of contraceptive information among young men between 1996 and 1999 (Figure 7.2.2).

Regarding the first source of information for specific methods, more women than men mentioned they heard about IUD and tubal ligation from a medical health provider (22%), about periodic abstinence from their mothers (19%), and about condom and withdrawal from their partners (51% and 48%, respectively) (Table 7.2.2). Except for condoms, men were more likely than women to mention mass media as the first source of information for modern methods. Twenty eight percent of men mentioned mass media as their first source of information on pills, 23% for tubal ligation and 23% for the IUD, whereas the percentages for women were 20%, 13% and 10%, respectively. Among men, the first source of information about periodic abstinence was most often a girlfriend or a partner (41%), or a friend (35%), whereas 70% first heard about withdrawal from a friend.

TABLE 7.2.2
First Source of Information About Contraception By Specific Method
Women and Men of Reproductive Age Who Have Heard About Specific Methods of Contraception
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>First Source of Information About Contraception</u>	<u>Contraceptive Method</u>						
	<u>Total</u>	<u>Condom</u>	<u>Pills</u>	<u>IUD</u>	<u>Tubal</u>		
					<u>Ligation</u>	<u>Calendar</u>	<u>Withdrawal</u>
<u>Women 15-44 Years of Age</u>							
Friend, Peer, Colleague	41.4	51.4	45.9	43.7	36.6	43.7	33.3
Physician	11.0	3.3	12.7	22.0	22.3	4.8	1.5
Television, Radio	8.7	15.5	12.6	6.1	5.5	1.4	0.5
Brochures/Newspapers/Magazines	8.2	5.4	7.4	7.2	7.1	5.5	2.7
Relative	6.9	4.4	7.1	8.1	8.1	12.3	6.9
Partner	6.8	7.6	0.7	0.2	0.4	2.2	39.5
Mother or Father	6.0	2.8	4.3	3.6	5.8	18.6	8.8
Nurse/Midwife or Pharmacist	2.8	1.9	2.5	3.0	3.8	1.7	0.5
Books	2.7	0.8	1.5	1.6	3.9	3.9	1.3
School	2.0	1.2	1.8	1.8	2.5	2.8	0.8
Other	0.8	0.5	0.9	1.2	2.2	0.9	0.5
Do Not Remember	2.7	5.0	2.7	1.5	1.8	2.2	3.6
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Men 15-49 Years of Age</u>							
Friend, Peer, Colleague	47.1	70.4	41.8	36.7	28.5	35.2	69.5
Partner/Girlfriend	11.0	1.0	6.0	10.3	10.8	41.2	6.0
Television or Radio	9.4	8.2	17.6	11.6	11.2	1.2	0.5
Brochures/Newspapers/Magazines	8.4	3.5	10.7	11.5	11.6	4.8	1.3
Physician	5.7	0.7	5.4	12.2	16.4	1.9	0.5
Books	2.9	0.3	1.3	2.6	5.9	3.7	1.6
Relative	2.1	1.4	2.7	3.1	3.4	2.7	1.0
Mother or Father	1.2	1.1	1.4	1.2	2.0	1.4	1.0
School	1.1	0.9	1.0	1.0	2.2	1.2	0.3
Nurse/Midwife or Pharmacist	1.0	1.0	1.5	1.6	1.0	0.4	0.1
Other	2.2	0.9	2.1	0.8	0.6	0.4	8.3
Do not Remember	8.0	10.8	8.4	7.3	6.5	5.9	9.8
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0

7.3 Knowledge About Contraceptive Effectiveness

Correct information about contraceptive effectiveness can greatly influence a couple's decision about how to prevent unintended pregnancies. It is not realistic to expect individuals to make informed decisions if they have gaps in their knowledge about all possible contraceptives available and if adequate access to comprehensive family-planning services is lacking. Women's lack of knowledge about contraceptive effectiveness is an indirect indicator of the failure of adequate counseling and information/education programs.

The 99RRHS included a series of questions in which each respondent was asked to indicate whether specific contraceptive methods (shown on a card) was very effective, effective or not effective in preventing pregnancy when used consistently and correctly. Answers to these questions are presented in [Table 7.3](#), where contraceptive methods are listed in descending order of effectiveness (Hatcher et al., 1998). This ranking is based on studies of unintended pregnancies among users of various family-planning methods in the first 12 months of using that method (method failure), with the exception of emergency contraception for which such analysis does not apply. According to these studies, vasectomy and Norplant (whose specific effectiveness was not explored in the 99RRHS because they are largely unavailable in Romania) are the most effective methods, with a failure rate at one year of use of only 0.1 pregnancies per 100 women. They are followed by injectables, female sterilization, and IUDs, with rates of failure between 0.3 and 0.6 pregnancy per 100 women. Combined oral contraceptives have theoretical failure rates comparable to Norplant and vasectomy (0.1 pregnancy per 100 women), but their actual failure rate, as commonly used, is much higher (6-8 pregnancies per 100 women). Condoms and other barrier methods are considered to be of moderate effectiveness, with failure rates of 3%-6% during correct use and 14%-26% as commonly used. The calendar method can be moderately effective if used correctly. Finally, withdrawal is listed as less effective than all other methods.

Overall, no modern method was recognized as very effective by a majority of women, partly because substantial numbers of women lacked awareness of modern methods ([Table 7.3](#), upper panel). Even when women who had never heard of a specific method were excluded, very few effective methods were correctly recognized as highly or very effective. For example, if those who never heard of female and male sterilization are excluded, both these methods were correctly identified as being very effective by 61% and 56%, respectively. However, only 10% of women who had heard of injectables qualified this method as very effective, and most could not assess its effectiveness. Moreover, only 29% of women who were aware of IUDs and 20% of women who were aware of pills considered those methods very effective. Most of those women believed the methods are somewhat effective and about one in five did not know if those methods were reliable. Surprisingly, almost half of women who had heard of emergency hormonal contraception qualified the method as highly effective. Both withdrawal and periodic abstinence were qualified as less or

not effective by most of those who had heard of them, whereas one in three respondents believed they were very effective or effective (36% and 33%, respectively).

The pattern for men differed slightly because, as shown previously, fewer men than women were aware of most methods, and, of those who were aware of specific methods, smaller proportions thought they are effective (bottom panel of [Table 7.3](#)). Among modern methods, condoms are an exception as 78% of men said they are "very effective" or "effective," compared with 60% of women. Also, more than half (52%) of men thought withdrawal is "very effective" or "effective," compared with 31% of women.

Compared to the 93RRHS, Romanian women seemed to have acquired more trust regarding the reliability of modern methods in preventing pregnancy: confidence in contraceptive effectiveness of both the pill and IUD doubled (from 33% to 64% for IUD and from 26% to 60% for pills) and confidence in condoms grew by 10% ([Figure 7.3](#)). As a result, more women correctly had more confidence in the IUD's effectiveness than in the effectiveness of condoms or pills. Most of the change was the result of better knowledge of these methods, since the proportion of those who could not venture an opinion on the effectiveness of pills and IUDs declined from 45% and 49%, respectively, to 27%-28% (data not shown).

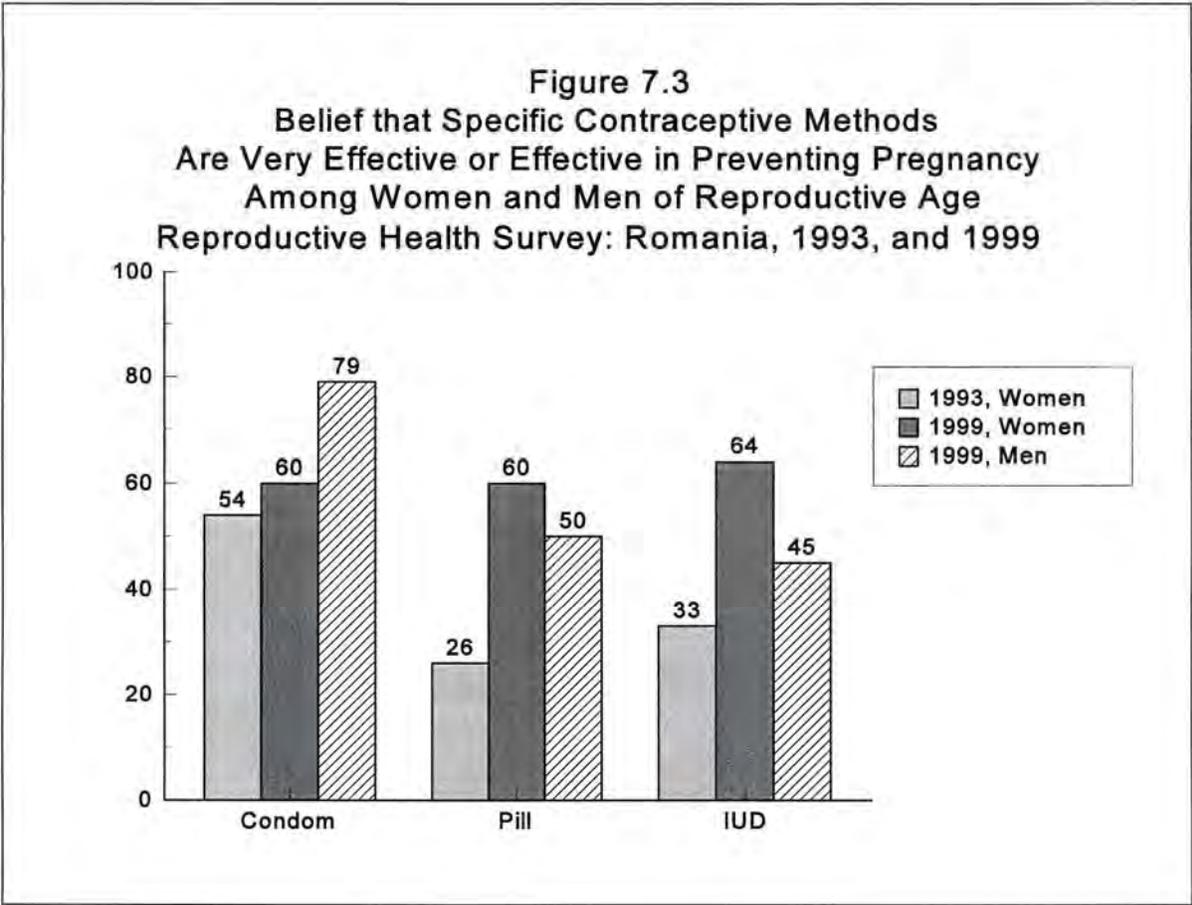


TABLE 7.3
Percent Distribution of Women and Men of Reproductive Age
By Their Opinion About Contraceptive Effectiveness
If the Method Is Used Correctly and Consistently
Reproductive Health Survey: Romania, 1999

<u>Contraceptive Method*</u>	<u>Contraceptive Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Less or Not Effective</u>	<u>Do Not Know</u>	<u>Never Heard of the Method</u>		
<u>Women Aged 15-44</u>							
Vasectomy	22.8	6.0	1.2	10.4	59.5	100.0	6,888
Injectables	2.5	8.3	3.2	11.7	74.4	100.0	6,888
Tubal Ligation	44.1	12.3	1.8	14.2	27.7	100.0	6,888
IUD	26.7	37.7	8.7	17.9	9.0	100.0	6,888
Pill	18.7	40.8	14.9	18.2	7.5	100.0	6,888
Emergency Contraception†	13.7	3.3	0.7	12.3	69.9	100.0	6,888
Condom	19.8	39.9	20.7	17.7	1.9	100.0	6,888
Spermicides	2.3	12.9	13.2	20.0	51.7	100.0	6,888
Calendar	5.9	21.9	46.6	10.9	14.8	100.0	6,888
Withdrawal	7.9	22.9	46.6	8.0	14.6	100.0	6,888
<u>Men Aged 15-49</u>							
Vasectomy	16.2	5.9	1.1	8.0	68.8	100.0	2,434
Injectables	1.6	4.8	2.4	7.3	83.9	100.0	2,434
Tubal Ligation	26.4	12.2	2.3	11.9	47.2	100.0	2,434
IUD	17.1	28.0	6.4	17.2	31.3	100.0	2,434
Pill	12.0	38.0	17.0	17.4	15.5	100.0	2,434
Emergency Contraception†	0.8	8.8	5.3	5.5	79.6	100.0	2,434
Condom	41.0	38.1	10.5	9.6	0.8	100.0	2,434
Spermicides	1.4	8.4	6.7	9.1	74.4	100.0	2,434
Calendar	7.2	29.7	32.1	9.7	21.4	100.0	2,434
Withdrawal	20.1	31.4	32.5	6.8	9.3	100.0	2,434

* Listed in descending order of contraceptive effectiveness when the method is used correctly and consistently, excepting emergency contraception (Hatcher et al., 1998).

† Effectiveness cannot be assessed with the same lifetable technique used for the other methods.

7.4 Young Adults' Knowledge about Condoms' Effectiveness in Preventing STDs

Used correctly, condoms can help prevent both pregnancy and sexually transmitted diseases (STDs). Although the method-specific contraceptive effectiveness is lower than that for other modern methods, condoms are very effective in preventing STDs. To be highly effective, they must be used at each intercourse. Even one unprotected intercourse with an infected partner has a risk of STD transmission, ranging from 1% for HIV to 30% for genital herpes, 40% for chlamydia, and 50% for gonorrhea (Harlap S. Et al, 1991). Studies on all users, including those who used condoms inconsistently or incorrectly, show that condoms reduce by at least 60% the risk of contracting HIV (Davis KR and Weller SC, 1999) and by a third the risk of other STDs (gonorrhea, chlamydia, trichomoniasis). Consistent and correct users have minimal risk of contracting STDs, including HIV.

In addition to respondents' knowledge about the condom's contraceptive effectiveness, the survey explored their knowledge on the condom's role in protection against STD transmission. [Table 7.4](#) and [Figure 7.4](#) show the percentage distribution of young adult women and men by their knowledge of the condom's effectiveness in protection against STD transmission.

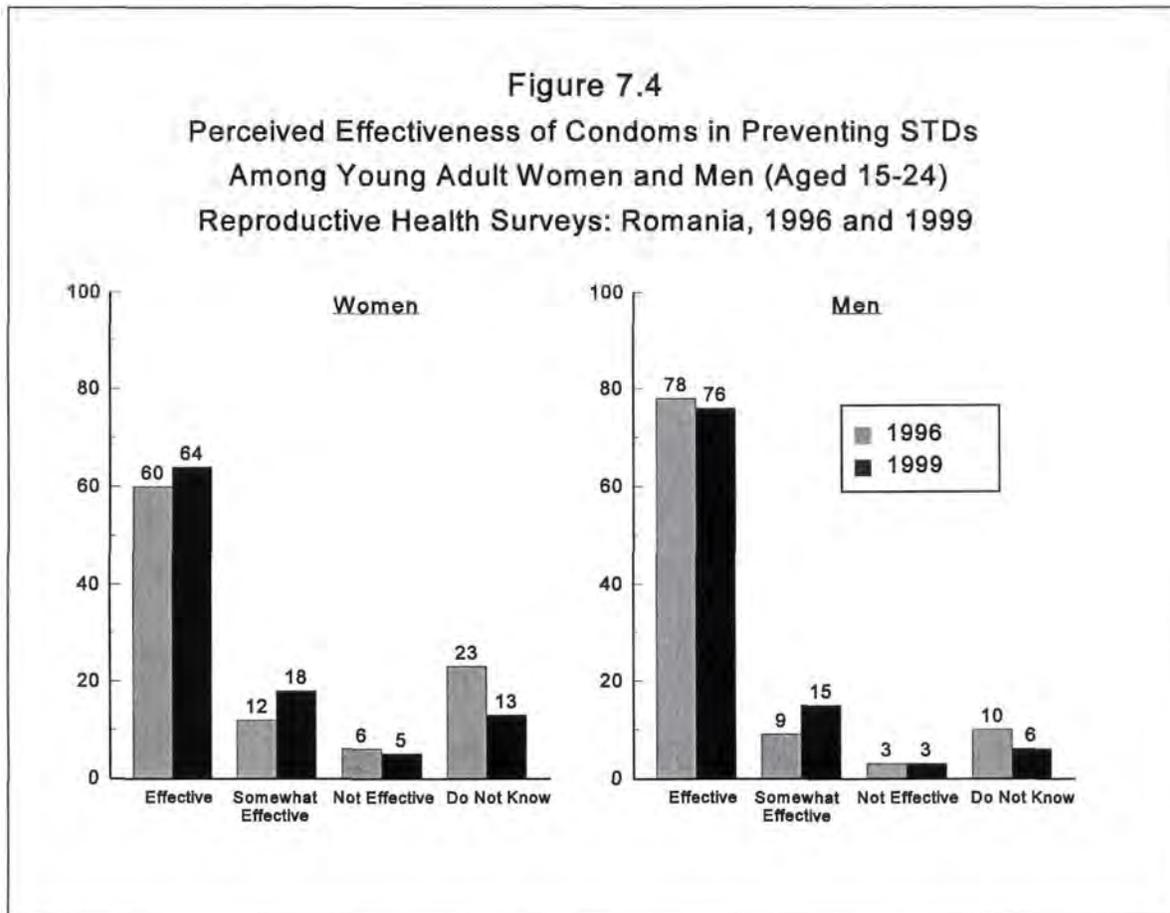


TABLE 7.4
Knowledge About the Effectiveness of Condoms in Preventing Sexually Transmitted Diseases
by Selected Characteristics Among Women and Men 15-24 Years of Age
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

	<u>Perceived Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Somewhat Effective</u>	<u>Not Effective</u>	<u>Do Not Know</u>		
<u>Women Aged 15-24 Years</u>							
<u>Total</u>	34.8	29.2	17.8	4.7	13.5	100.0	2,163
<u>Residence</u>							
Urban	38.9	32.0	19.4	2.8	6.9	100.0	1,171
Rural	28.8	25.1	15.6	7.5	23.0	100.0	992
<u>Sexual Experience</u>							
Not Sexually Experienced	28.3	31.8	20.6	5.6	13.7	100.0	900
Marital Experience	30.1	23.9	13.3	5.1	27.7	100.0	327
Premarital Experience	43.5	27.7	16.1	3.7	9.0	100.0	936
<u>Education Level</u>							
Secondary Incomplete	28.4	25.6	18.4	6.9	20.7	100.0	1,294
Secondary Complete	37.2	36.9	18.7	2.0	5.2	100.0	485
Postsecondary	52.3	31.1	14.9	1.0	0.6	100.0	384
<u>Current Use of Contraception</u>							
Condom	51.1	32.3	15.0	0.7	0.8	100.0	140
Other Modern Method	52.4	28.0	11.8	1.4	6.4	100.0	207
Traditional Methods	36.4	26.4	14.8	6.1	16.3	100.0	360
No Method	30.7	29.5	19.4	5.2	15.1	100.0	1,456
<u>Men Aged 15-24 Years</u>							
<u>Total</u>	42.5	33.4	14.8	3.2	6.0	100.0	631
<u>Residence</u>							
Urban	42.7	34.8	17.7	2.0	2.8	100.0	373
Rural	42.4	31.6	11.0	4.8	10.2	100.0	258
<u>Sexual Experience</u>							
Not Sexually Experienced	40.1	29.1	15.8	4.6	10.5	100.0	181
Sexually Experienced	43.5	35.2	14.4	2.6	4.2	100.0	450
<u>Education Level</u>							
Secondary Incomplete	40.9	31.0	16.6	3.3	8.2	100.0	431
Secondary Complete	46.5	36.9	11.8	4.0	0.8	100.0	119
Postsecondary	45.7	41.5	9.5	1.6	1.7	100.0	81
<u>Current Use of Contraception</u>							
Condom	54.6	28.8	10.0	2.7	3.9	100.0	79
Other Modern Method	29.0	65.9	5.1	0.0	0.0	100.0	30
Traditional Methods	50.4	25.6	11.7	2.5	9.7	100.0	80
No Method	40.0	33.6	16.7	3.6	6.1	100.0	442

Overall, two thirds of young women and three fourths of young men responded that condoms are effective in preventing STDs, including 35% and 43%, respectively, who said they are very effective ([Table 7.4](#)). A very small proportion of women and men (5% and 3%, respectively) said that condoms are not at all effective, while 14% of women and 6% of men did not have enough knowledge to assess whether they are effective or not. Rural residence, secondary incomplete education, and lack of experience with modern contraception were associated with lack of knowledge or little confidence about the efficacy of condoms in protecting against STDs.

Compared with the 1996 survey, young women's perceptions of the condom's effectiveness in preventing STDs improved slightly—far fewer women in 1999 had no knowledge of condom's effectiveness and more women believed that it is very effective or effective in preventing STDs ([Figure 7.4](#)). Among young men, however, the changes were less pronounced.

CHAPTER VIII

CURRENT AND PAST CONTRACEPTIVE USE

The 93RRHS showed that the use of modern contraceptives was low (14%) and reliance on traditional methods, which are prone to high failure rates and subsequent unintended pregnancies, was high (43%). The reasons given for limited use of modern contraception included lack of access, shortages and uneven distribution of contraceptive supplies, little knowledge about modern methods, concerns among both family planning clients and providers about the health risks associated with certain methods, and the easy access to and low cost of obtaining induced abortions. An important objective of the 99RRHS was to assess the current levels of contraceptive practices among different subgroups of women and men and the trend for women in the six years since 1993.

8.1 Current Contraceptive Prevalence

The contraceptive prevalence rate for currently married and in-union women increased from 57% to 64% in the six years from 1993 to 1999. More importantly, use of modern methods doubled from 14% to 30% (see [Table 8.1.1A](#) and [Figure 8.1.1](#)).

Although this section focuses on women and men in legal and consensual marriages because they represent 87% of currently sexually active women (within the past 30 days); because they have greater frequency of intercourse, higher fertility and more unintended pregnancies; and because they constitute the common denominator for most national and international studies of contraceptive prevalence, it is important to document the contraceptive behaviors of all women and men.

Many previously married or never married women who had ever had intercourse were not currently sexually active and therefore not in need of contraception (see Section 5.6), so not surprisingly, only one of five is currently using contraception ([Table 8.1.1A](#) and [Figure 8.1.1](#)). There was no substantial difference in the overall use of either modern or traditional methods between previously married and never married women, although previously married women depended to a greater degree on long-term methods. The ratio of modern to traditional methods for women not currently in a consensual or legal union was 1.6:1. Withdrawal, followed by female sterilization and the IUD, were the most widely used methods among previously married women (5% and 4%, respectively), whereas never married women were more likely to use condoms (7%), withdrawal (6%), or pills (5%).

TABLE 8.1.1A
**Current Use of Contraception Among Women Aged 15-44 Years,
 by Marital Status**
 Reproductive Health Survey: Romania, 1999
 (Percent Distribution)

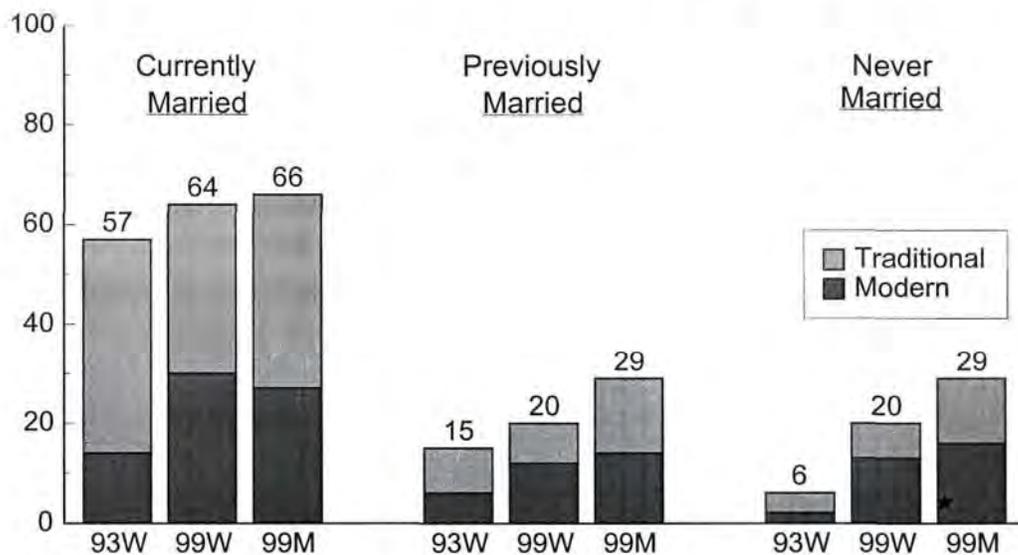
<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Currently Married & in Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Currently Using</u>	48.2	63.8	19.9	19.7
<u>Modern Methods</u>	<u>23.3</u>	<u>29.5</u>	<u>12.2</u>	<u>12.7</u>
Condom	7.7	8.5	1.9	7.2
Pill	6.5	7.9	1.7	4.8
IUD	4.9	7.3	3.5	0.1
Spermicides	2.0	2.8	0.9	0.4
Female Sterilization	1.9	2.5	4.1	0.1
Other Modern Methods	0.3	0.5	0.1	0.1
<u>Traditional Methods</u>	<u>24.7</u>	<u>34.3</u>	<u>7.7</u>	<u>7.1</u>
Withdrawal	20.6	28.7	5.2	5.9
Calendar (Rhythm Method)	4.1	5.6	2.5	1.2
<u>Not Currently Using</u>	51.8	36.2	80.1	80.3
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	6,888	4,846	476	1,566

TABLE 8.1.1B
Current Use of Contraception Among Men Aged 15-49 Years,
by Marital Status
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Currently Married & in Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Currently Using</u>	51.3	66.2	28.6	29.1
<u>Modern Methods</u>	<u>22.8</u>	<u>27.3</u>	<u>13.9</u>	<u>16.2</u>
Condom	10.9	9.6	11.4	12.9
Pill	5.9	8.2	2.5	2.5
IUD	3.9	6.4	0.0	0.2
Spermicides	0.8	1.2	0.0	0.3
Female Sterilization	1.0	1.6	0.0	0.0
Other Modern Methods	0.3	0.3	0.0	0.3
<u>Traditional Methods</u>	<u>28.5</u>	<u>38.9</u>	<u>14.7</u>	<u>12.8</u>
Withdrawal	20.8	28.1	12.4	9.8
Calendar (Rhythm Method)	7.7	10.8	2.3	3.0
<u>Not Currently Using</u>	48.7	33.8	71.4	70.9
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	2,434	1,595	95	744

Among previously married or never married men, a larger proportion (29%) used a contraceptive method in the past 30 days than did unmarried women (20%) (Table 8.1.1B and Figure 8.1.1). However, much of this difference was due to a higher proportion of these men using traditional methods, particularly withdrawal. Indeed, the ratio of modern to traditional method use for men not currently in a consensual or legal union was 1.2:1, compared with 1.6:1 for women. Condoms, followed by withdrawal, were the most widely used methods among previously and never married men (11%-13% and 10%-12%, respectively).

Figure 8.1.1
 Prevalence of Modern and Traditional Contraceptives by Marital Status
 Among Women and Men of Reproductive Age
 Reproductive Health Surveys: Romania, 1993 and 1999



Note: 93W=93RRHS, for which only women were interviewed;
 99W=99RRHS, women;
 99M=99RRHS, men.

The prevalence of contraceptive use among women currently in legal or formal unions was very high (64%) but only 30%, fewer than a half of users, used modern methods (Table 8.1.2A). The proportion of women in union currently using any form of contraception ranged from 38% (among childless women) to 73% (women with two living children). For the entire country, the proportion of all contraceptive users who used a modern method was 46%, ranging between 27% and 70% for those with the lowest and highest levels of educational attainment.

The proportion of women currently in union who used any contraceptive method was slightly higher in urban areas than in rural areas, among 25-34-year-olds, and among those with one or two children; the proportion increased directly with educational level. Modern contraceptive use was significantly lower in rural than in urban areas (21% vs. 35%), among young adults (15-24 years) and women aged 35 or over than among women aged 25-34 (26% and 24%, respectively, vs. 37%), among women who had not completed a secondary education (14% for primary or less and 25% for secondary incomplete), among women living in households with a low socioeconomic level (18%),

TABLE 8.1.2A
Current Use of Modern and Traditional Methods by Selected Characteristics
Among Women in Union Aged 15–44 Years
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Any Method</u>	<u>Modern Methods</u>	<u>Traditional Methods</u>	<u>Percent Using a Modern Method</u>	<u>No. of Cases</u>
Total	63.8	29.5	34.3	46	4,846
Residence					
Urban	65.1	34.7	30.4	53	2,633
Rural	61.6	20.9	40.7	34	2,213
Region					
Bucharest	59.7	37.1	22.6	62	383
Vallahia	58.9	26.0	32.9	44	1,778
Tranyllyvania	70.0	30.8	39.2	44	1,665
Moldova	64.4	28.4	36.0	44	1,020
Age Group					
15–24	59.8	25.5	34.3	43	780
25–34	70.0	36.5	33.5	52	2,272
35–44	58.8	23.5	35.3	40	1,794
No. of Living Children					
0	38.4	24.0	14.4	63	667
1	68.6	32.4	36.2	47	1,731
2	72.9	33.9	39.0	47	1,725
3+	54.3	16.9	37.4	31	723
Education Level					
Primary or Less	50.9	13.8	37.1	27	892
Secondary Incomplete	63.1	25.3	37.8	40	1,788
Secondary Complete	68.6	33.9	34.7	49	1,583
Postsecondary	71.1	50.1	21.0	70	583
Socio-economic Status					
Low	58.2	17.6	40.6	30	1,773
Middle	66.8	33.2	33.6	50	2,146
High	66.0	39.4	26.6	60	927
Ethnicity					
Romanian	64.8	30.3	34.5	47	4,199
Hungarian	66.0	30.2	35.8	46	322
Roma	45.3	16.3	29.0	36	261
Other	66.3	27.9	38.4	42	64

TABLE 8.1.2B
Current Use of Modern and Traditional Methods by Selected Characteristics
Among Men in Union Aged 15–49 Years
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Any Method</u>	<u>Modern Methods</u>	<u>Traditional Methods</u>	<u>Percent Using a Modern Method</u>	<u>No. of Cases</u>
Total	66.2	27.4	38.9	41	1,595
Residence					
Urban	69.0	31.9	37.1	46	871
Rural	62.0	20.4	41.6	33	724
Region					
Bucharest	59.0	32.4	26.7	55	146
Vallahia	66.2	22.0	44.2	33	568
Transylvania	68.4	32.0	36.4	47	610
Moldova	66.6	26.3	40.2	40	271
Age Group					
15–24	54.1	24.5	29.6	45	77
25–34	73.9	32.7	41.2	44	591
35–49	62.7	24.4	38.3	39	927
No. of Living Children					
0	46.3	23.5	22.8	61	212
1	70.8	31.6	39.2	46	567
2	71.6	29.2	42.4	40	600
3+	58.3	15.4	43.2	28	216
Education Level					
Primary or Less	45.6	11.5	34.2	25	177
Secondary Incomplete	62.6	23.1	39.5	36	723
Secondary Complete	75.2	32.6	42.5	43	409
Postsecondary	75.1	39.9	35.2	53	286
Socio-economic Status					
Low	54.7	14.3	40.4	25	450
Middle	69.4	29.1	40.3	42	743
High	72.3	37.5	34.8	52	402
Ethnicity					
Romanian	67.7	27.6	40.1	41	1,433
Hungarian	62.8	31.7	31.2	51	86
Roma	41.9	17.2	24.7	41	60
Other	*	*	*	*	16

* Fewer than 25 cases in this category.

among women with three or more children (17%), childless women (24%), and among Roma women (16%). Among only very few subgroups did the use of modern methods surpass the use of traditional methods by a considerable margin (Bucharest residents, childless women, women with the highest level of education, and high SES women).

The data for men in union were similar to the corresponding female data ([Table 8.1.2B](#)). Sixty-six percent of men in union (or their partner) were using any contraceptive method, but similar to women, only 27% (41% of current users) used a modern method. As was the case for women, the proportion of men currently in union using any contraceptive method was slightly higher in urban than in rural areas, among 25-34-year-olds, and among those with one or two children; the proportion increased directly with educational and socio-economic levels. Somewhat similar to women, modern contraceptive use among men was lower in rural than in urban areas (20% vs. 32%), among men in lower educational categories (12% for primary or less and 23% for secondary incomplete), among men living in households with a low socioeconomic level (14%), among men with three or more children and among Roma men (17%). Unlike women, the use of modern methods did not significantly surpass use of traditional methods for any subgroup of men.

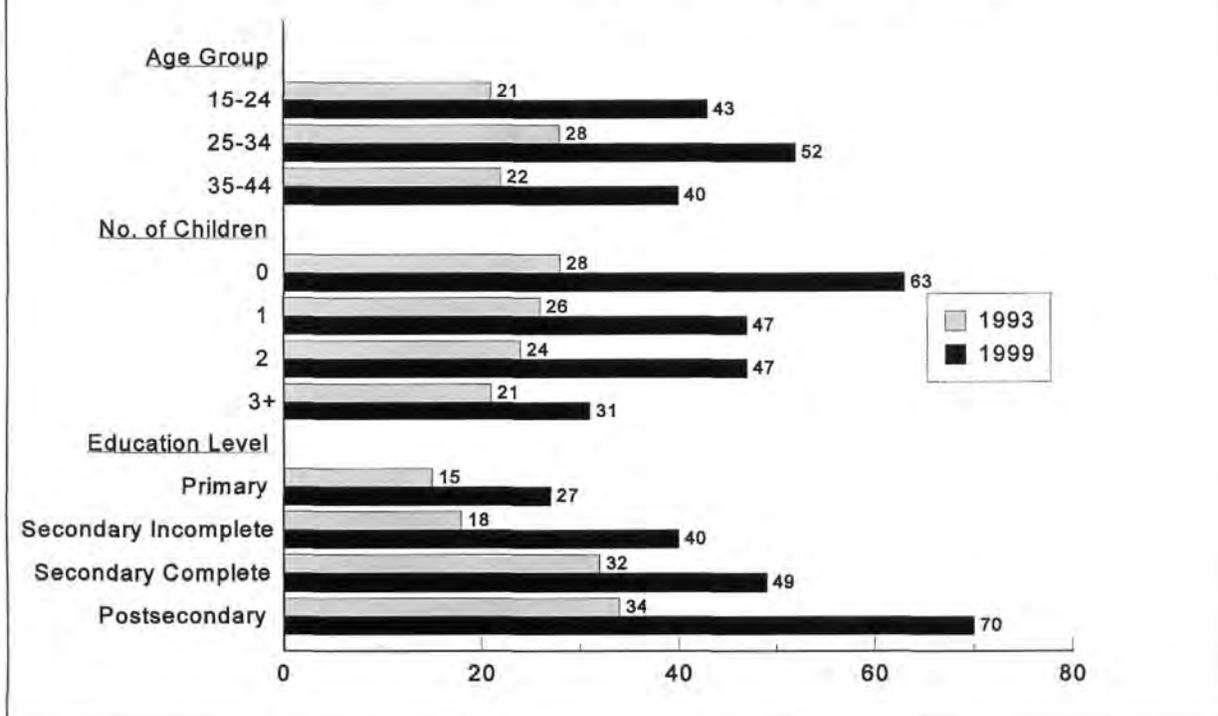
Contraceptive use (any method) by women in union has increased from 57% in 1993 to 64% in 1999, an increase of 11% ([Table 8.1.3](#) and [Figure 8.1.1](#)). More importantly, overall use effectiveness has increased, as the proportion of users who used a modern method almost doubled, from 24% to 46%. The proportion of users who employed a modern method more than doubled among women in Vallahia and Moldova, among the youngest women, among women with no children, those with secondary incomplete or postsecondary education and women in the middle SES category.

By far the most prevalent method in use among women in union was withdrawal (29%), which accounts for 45% of contraceptive prevalence ([Table 8.1.4A](#) and [Figure 8.1.3](#)). Condoms, which were used by 9% of women in union, pills (8%), and IUDs (7%) were the next most used methods and accounted for 80% of modern methods used. Tubal ligation, despite an overwhelming desire by most women to have no more children (see Section IV), was used by only 3% of women currently in union. The calendar method was used by 6% of women in union.

TABLE 8.1.3
Current Use of Any Contraceptive Method and Modern Methods
by Selected Characteristics
Among Women in Union Aged 15–44 Years
Reproductive Health Surveys: Romania, 1993 and 1999

<u>Characteristic</u>	<u>Any Method</u>		<u>Percent Using a Modern Method</u>		<u>No. of Cases</u>	
	<u>1993</u>	<u>1999</u>	<u>1993</u>	<u>1999</u>	<u>1993</u>	<u>1999</u>
Total	57.3	63.8	24	46	3,542	4,846
<u>Residence</u>						
Urban	58.7	28.0	28	53	2,312	2,633
Rural	55.1	17.0	17	34	1,230	2,213
<u>Region</u>						
Bucharest	53.1	38.0	38	62	764	383
Vallahia	52.1	20.0	20	44	1,148	1,778
Transylvania	67.2	29.0	29	44	1,029	1,665
Moldova	53.1	16.0	16	44	601	1,020
<u>Age Group</u>						
15–24	50.5	21.0	21	43	672	780
25–34	67.6	28.0	28	52	1,470	2,272
35–44	51.2	22.0	22	40	1,398	1,794
<u>No. of Living Children</u>						
0	31.8	28.0	28	63	443	667
1	60.0	26.0	26	47	1,092	1,731
2	67.2	24.0	24	47	1,319	1,725
3+	49.9	54.3	21	31	688	723
<u>Education Level</u>						
Primary or Less	45.2	15.0	15	27	940	892
Secondary Incomplete	56.8	18.0	18	40	972	1,788
Secondary Complete	64.1	32.0	32	49	1,202	1,583
Postsecondary	71.3	34.0	34	70	428	583
<u>Socio-economic Status</u>						
Low	51.0	16.0	16	30	1,280	1,773
Middle	61.3	24.0	24	50	1,821	2,146
High	66.8	42.0	42	60	441	927

Figure 8.1.2
Current Prevalence of Modern Contraceptive Methods Among Married Women
By Selected Characteristics
Reproductive Health Survey: Romania, 1993 and 1999



The overall proportion of women in union currently using a method varied slightly by background characteristics (except childless women, who had a much lower prevalence of contraceptive use), but the choice of a specific method sometimes differed by a considerable margin. The use of condoms was higher than average in Bucharest (13%) and other urban areas (11%), among 25-34 year-olds (11%), among those with a postsecondary education (23%) or with high socioeconomic status (14%), and among women of Hungarian ethnicity (12%). Condom use was very low in rural areas (4%), among less educated women (3%), among those with low SES (3%) and women of Roma descent (2%). The use of other modern methods varied less by background characteristics. The use of withdrawal was significantly higher among rural residents (37%), in Transylvania (36%), among women with less education (data not shown), and among women with low SES (38%).

TABLE 8.1.4A
Current Use of Specific Contraceptive Methods by Selected Characteristics
Among Women in Union Aged 15–44 Years
Reproductive Health Survey: Romania, 1999

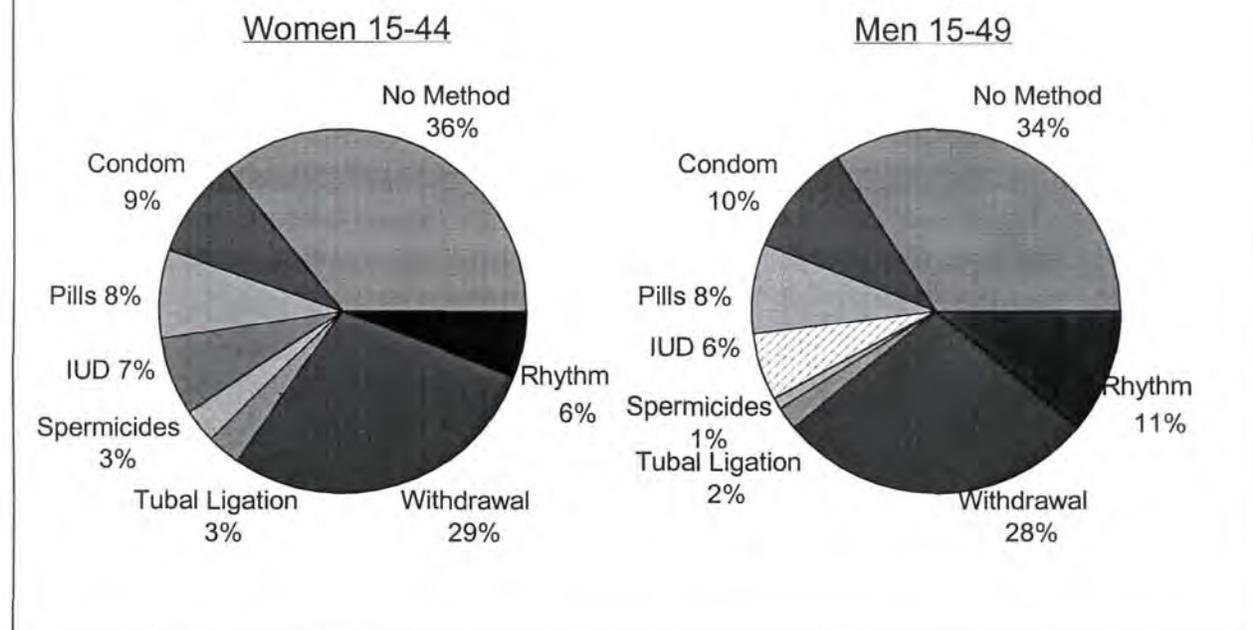
<u>Characteristic</u>	<u>Specific Contraceptive Method Use</u>									<u>No. of Cases</u>
	<u>Any Method</u>	<u>Supplied Methods</u>						<u>Traditional Methods</u>		
		<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Tubal Ligation</u>	<u>Other Supplied</u>	<u>Withdrawal</u>	<u>Calendar</u>	
Total	63.8	8.5	7.9	7.3	2.8	2.5	0.5	28.7	5.6	4,846
Residence										
Urban	65.0	11.1	9.0	8.3	3.3	2.4	0.5	23.5	6.9	2,633
Rural	61.8	4.2	6.0	5.6	2.1	2.8	0.4	37.2	3.5	2,213
Region										
Bucharest	59.7	12.7	11.8	6.0	3.3	2.8	0.5	14.5	8.1	383
Vallahia	58.9	6.6	7.0	6.8	3.5	1.6	0.5	26.1	6.8	1,778
Transylvania	70.0	9.6	7.8	8.2	1.9	3.0	0.3	35.7	3.5	1,665
Moldova	64.4	7.2	7.0	7.3	3.1	3.3	0.5	30.5	5.5	1,020
Age Group										
15–19	46.0	1.9	8.2	1.0	3.6	0.0	0.6	31.1	0.2	116
20–24	62.1	9.4	9.8	5.0	2.2	0.6	0.4	32.5	2.3	664
25–29	68.2	11.1	13.2	6.5	2.6	2.3	0.3	28.6	3.7	1,071
30–34	71.8	9.9	10.6	9.7	3.5	2.6	0.9	29.1	5.5	1,201
35–39	65.2	8.2	4.9	10.0	2.9	3.2	0.4	27.4	8.1	846
40–44	53.6	5.0	1.3	5.5	2.8	3.6	0.3	27.0	8.2	948
Socio-economic Status										
Low	58.2	3.1	6.2	4.3	1.2	2.6	0.2	38.4	2.2	1,773
Middle	66.7	9.6	8.8	8.4	3.0	2.6	0.8	27.6	5.9	2,146
High	65.9	14.3	8.4	9.3	5.0	2.3	0.1	16.5	10.0	927
Ethnicity										
Romanian	64.9	8.6	8.0	7.4	3.2	2.6	0.5	28.5	6.1	4,199
Hungarian	66.0	12.2	8.4	6.9	0.5	1.8	0.4	32.0	3.8	322
Roma	45.3	2.3	5.6	5.0	0.1	2.9	0.4	27.4	1.6	261
Other	66.3	6.0	4.1	9.0	6.3	2.5	0.0	35.1	3.3	64
Employment										
Working	67.0	10.8	8.5	8.4	3.6	2.7	0.6	25.5	6.9	2,361
Not Working	60.3	6.0	7.2	6.0	2.0	2.3	0.3	32.2	4.2	2,485

TABLE 8.1.4B
Current Use of Specific Contraceptive Methods by Selected Characteristics
Men in Union Aged 15–49 Years
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Specific Contraceptive Method Use</u>									<u>No. of Cases</u>
	<u>Any Method</u>	<u>Supplied Methods</u>						<u>Traditional Methods</u>		
		<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Tubal Ligation</u>	<u>Other Supplied</u>	<u>Withdrawal</u>	<u>Calendar</u>	
Total	66.2	9.6	8.2	6.4	1.2	1.6	0.3	28.1	10.8	1,595
<u>Residence</u>										
Urban	69.0	12.4	8.5	7.3	1.3	2.2	0.3	24.8	12.4	871
Rural	62.0	5.3	7.8	5.1	1.0	0.9	0.5	33.2	8.4	724
<u>Region</u>										
Bucharest	59.0	13.3	8.1	9.0	1.5	0.4	0.0	13.4	13.3	146
Vallahia	66.2	8.1	7.6	3.7	1.6	0.8	0.3	30.0	14.3	568
Transylvania	68.4	11.9	8.3	9.0	0.8	2.0	0.2	30.3	6.1	610
Moldova	66.6	6.2	9.6	5.4	0.8	3.4	1.1	28.8	11.4	271
<u>Age Group</u>										
15–24	54.1	7.9	13.3	2.3	1.1	0.0	0.0	23.0	6.7	77
25–34	73.9	10.1	12.2	6.7	1.6	1.5	0.7	31.3	9.9	591
35–49	62.7	9.5	5.4	6.6	0.9	1.9	0.2	26.5	11.7	927
<u>Socio-economic Status</u>										
Low	54.7	4.2	5.4	2.3	0.5	1.4	0.5	34.0	6.4	450
Middle	69.4	10.4	8.6	6.5	1.3	2.0	0.3	29.6	10.8	743
High	72.3	13.7	10.4	10.4	1.6	1.2	0.3	19.5	15.4	402
<u>Ethnicity</u>										
Romanian	67.6	9.6	8.6	6.1	1.2	1.7	0.3	28.5	11.6	1,433
Hungarian	62.8	14.4	7.1	7.1	0.0	2.1	1.0	25.2	6.0	86
Roma	41.9	1.4	2.9	10.2	1.3	1.4	0.0	21.8	2.9	60
Other	*	*	*	*	*	*	*	*	*	16
<u>Employment</u>										
Working	70.4	12.1	9.3	7.7	1.4	1.8	0.3	26.2	11.7	1,147
Not Working	55.6	3.2	5.6	3.1	0.5	1.4	0.5	32.8	8.6	448

* Fewer than 25 cases in this category.

Figure 8.1.3
 Current Use of Specific Contraceptive Methods
 Women and Men Currently In Union
 Reproductive Health Survey: Romania, 1999

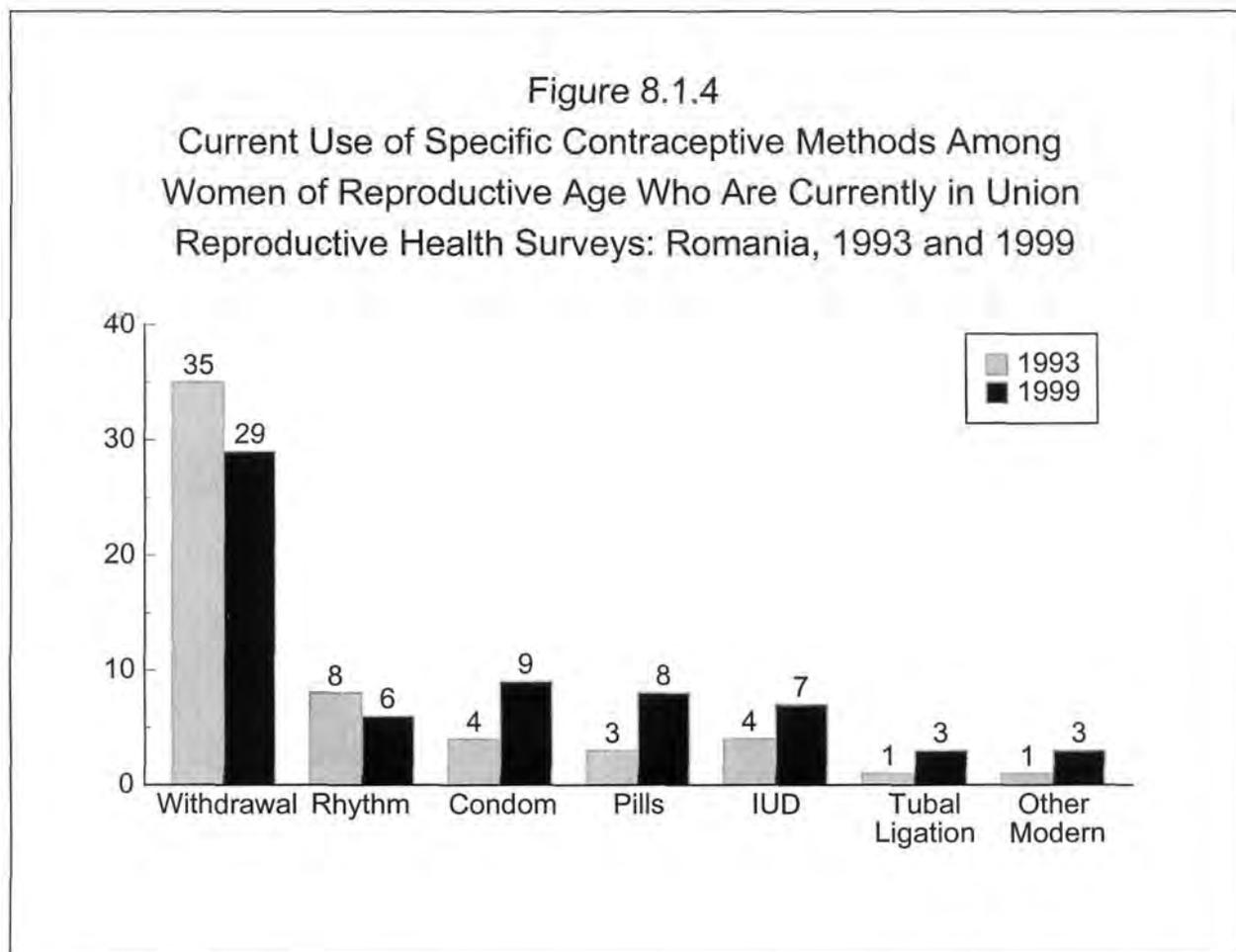


The proportion of men in union using each method was similar. Withdrawal was by far the most prevalent method (28%), accounting for 42% of all contraceptive use (Table 8.1.4B and Figure 8.1.3). Condoms, used by 9% of men in union, pills (8%), and IUDs (6%) are the next most used methods and accounted for almost 90% of all modern methods used by men or their partners. The calendar method was reported by a greater proportion of men (11%) than women (6%) in union.

The overall proportion of men currently using a method varied only slightly by background characteristics, but the choice of a specific method sometimes differed by a considerable margin. Male condom use was lower than average in rural areas (5%), in the Vallahia and Moldova regions (6% and 8%, respectively), among those in lower education and socioeconomic groups, and among men of Roma ethnicity (1%). Pills and IUD use were directly associated with employment, education level, and socioeconomic index. The use of withdrawal was significantly higher among residents of regions other than Bucharest (29%-30%) and among men with less education (data not shown) and in lower socioeconomic categories (30%-34%).

Data collected in both the 93RRHS and the 99RRHS demonstrated heavy reliance on traditional methods, mostly withdrawal ([Figure 8.1.4](#)). Although withdrawal was the leading method in both surveys, its prevalence among users declined 35% to 29%. At the same time, the proportion of women currently married or in consensual union using modern contraception more than doubled, from 14% in 1993 to 30% in 1999. Almost all of the increase in use was the result of the increased popularity of pills and condoms, whose prevalence more than doubled (from 3% to 8% and from 4% to 9%, respectively). The increase in IUD use (from 4% to 7%) also contributed to the overall increase. There were no noticeable changes in the use of other modern methods of contraception.

Use of the IUD, the only long-term method widely available, was very limited among childless women (1%) and increased among women with one (7%) or two (10%) children, although among women with three or more children IUD use decreased again to 7% ([Table 8.1.5A](#)). On the other hand, condom and oral contraceptive use were inversely correlated with the number of



children. Pills, especially, were used to a lesser extent by women with three or more children. As expected, tubal ligation is mostly used by women with at least two children, but even in this subgroup its prevalence was quite low (4%). Withdrawal use was higher among women with any living children, whereas the calendar method did not show a clear pattern.

TABLE 8.1.5A
Current Use of Contraception by Number of Living Children
Among Women Currently in Union
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Use of Contraception</u>	<u>Total</u>	<u>Number of Living Children</u>			
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3+</u>
<u>Currently Using</u>	63.8	38.3	68.6	73.0	54.3
<u>Modern Methods</u>	<u>29.5</u>	<u>24.0</u>	<u>32.4</u>	<u>34.0</u>	<u>16.8</u>
Condom	8.5	10.4	10.8	8.3	1.7
Pill	7.9	10.5	9.1	7.4	3.7
IUD	7.3	1.2	7.2	9.9	6.7
Spermicides	2.8	1.1	3.9	3.4	0.6
Female Sterilization	2.5	0.4	1.1	4.3	3.7
Other Modern Methods	0.5	0.4	0.3	0.7	0.4
<u>Traditional Methods</u>	<u>34.3</u>	<u>14.4</u>	<u>36.3</u>	<u>39.0</u>	<u>37.4</u>
Withdrawal	28.7	11.3	30.0	32.4	33.4
Calendar (Rhythm Method)	5.6	3.1	6.3	6.6	4.0
<u>Not Currently Using</u>	36.2	61.7	31.4	27.0	45.7
<u>Total</u>	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	4,846	667	1,731	1,725	723

TABLE 8.1.5B
Current Use of Contraception Among Men in Union,
by Number of Living Children
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Use of Contraception</u>	<u>Total</u>	<u>Number of Living Children</u>			
		<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three or More</u>
<u>Currently Using</u>	66.2	46.3	70.8	71.8	58.5
<u>Modern Methods</u>	<u>27.3</u>	<u>23.5</u>	<u>31.7</u>	<u>29.3</u>	<u>15.4</u>
Condom	9.6	11.1	10.8	8.8	7.2
Pill	8.2	9.8	10.8	7.0	3.8
IUD	6.4	1.0	7.8	8.6	2.0
Spermicides	1.2	0.4	1.3	1.7	0.0
Female Sterilization	1.6	1.2	0.6	2.6	2.4
Other Modern Methods	0.3	0.0	0.4	0.6	0.0
<u>Traditional Methods</u>	<u>38.9</u>	<u>22.8</u>	<u>39.2</u>	<u>42.4</u>	<u>43.1</u>
Withdrawal	28.1	18.8	26.5	29.7	36.0
Calendar (Rhythm Method)	10.8	4.0	12.7	12.7	7.1
<u>Not Currently Using</u>	33.8	53.7	29.2	28.4	41.5
<u>Total</u>	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	1,595	212	567	600	216

Condom use by men and pill use by their partners decreased slightly as the number of living children increased, whereas use of more permanent methods (IUDs and tubal ligation) generally increased with the number of living children (Table 8.1.5B). Male use of traditional methods was higher among men in union with living children.

The prevalence of contraceptive use among women and men in union increased with educational attainment (from 51 % to 71 % among women and from 46% to 75 % among men) (Table 8.1.6). Among both men and women in union, the use of almost all specific modern methods increased substantially with education. The most striking finding was the eightfold increase in condom use among women (from 3% to 23%). Use of the pill and IUDs as well as all major methods for men increased two to four times between the lowest and highest education groups.

Table 8.1.6
Current Use of Contraception Among Women and Men Currently in Union
by Education
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Contraceptive Use</u>	<u>Education Level</u>									
	<u>Total</u>		<u>Primary</u>		<u>Secondary Incomplete</u>		<u>Secondary Complete</u>		<u>Postsecondary</u>	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
<u>Currently Using</u>	63.8	66.2	51.0	45.6	63.1	62.6	68.6	75.2	71.1	75.1
<u>Modern Methods</u>	<u>29.5</u>	<u>27.3</u>	<u>13.9</u>	<u>11.5</u>	<u>25.2</u>	<u>23.1</u>	<u>33.9</u>	<u>32.7</u>	<u>50.1</u>	<u>39.8</u>
Condom	8.5	9.6	2.6	4.1	4.1	6.6	10.5	10.5	22.7	18.8
Pill	7.9	8.2	3.2	4.8	8.3	7.5	7.9	10.0	12.7	9.7
IUD	7.3	6.4	3.7	2.2	7.0	5.6	9.3	8.0	7.8	8.6
Spermicides	2.8	1.2	1.2	0.0	2.6	1.2	3.4	2.2	4.3	0.3
Female Sterilization	2.5	1.6	2.7	0.0	3.0	1.7	2.2	2.0	1.8	2.0
Other Modern Met.	0.5	0.3	0.5	0.4	0.2	0.5	0.6	0.0	0.8	0.4
<u>Traditional Methods</u>	<u>34.3</u>	<u>38.9</u>	<u>37.2</u>	<u>34.2</u>	<u>37.8</u>	<u>39.5</u>	<u>34.6</u>	<u>42.5</u>	<u>21.0</u>	<u>35.2</u>
Withdrawal	28.7	28.1	35.2	29.6	33.5	30.1	27.0	31.6	11.9	17.6
Rhythm Method	5.6	10.8	2.0	4.6	4.3	9.4	7.6	10.9	9.1	17.6
<u>Not Currently Using</u>	36.2	33.8	49.0	54.4	36.9	37.4	31.4	24.8	28.9	24.9
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	4,846	1,595	892	177	1,788	723	1,583	409	583	286

Withdrawal use was lowest and calendar use was highest among those with a postsecondary education. Within each education category, there was no significant difference between men and women.

8.2 Source of Contraception

To assess sources of contraceptive methods for men and women currently in union, the 99RRHS included questions about where current users of supplied contraceptive methods obtained their contraceptives. Commercial sales in general are the largest source of contraception in Romania. Pharmacies, in particular, were the most important source of contraception for men and women in union, supplying 53% of current male users and 48% of current female users ([Tables 8.2A and 8.2B](#)). Because pharmacies were 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 (stores or street markets) were the source of contraception for 16% of male users of modern methods, mostly condoms, but for fewer than 4% of women.

The public medical sector was the second most important source for both men (20%) and women (32%). Hospitals with gynecologic wards supplied 13% of men (or their female partners) and 20% of women currently in union with their current method of contraception. Additionally, family planning clinics or offices supplied 5% of men and 9% of women, whereas polyclinics and dispensaries supplied only 2% of men and 3% of women. Private medical clinics or doctors constituted an emerging source of contraception, particularly for IUDs. Other sources, such as partners, friends, and relatives, supplied 4% of male users and 8% of female users.

Sources varied greatly according to the contraceptive method used. Pharmacies were the principal provider of condoms, pills, and spermicides, supplying more than 60% of condoms and pills for both men and women and almost all spermicides (data for male spermicide users not shown). Pharmacies also supplied 16% of the IUDs used by female partners of males and 10% of IUDs for female users (with a prescription issued by the OB/Gyn), but the IUD must be inserted at a medical facility. Public hospitals were the primary source of IUDs (38% of male users partners and 42% of female users).

Family planning clinics were the second most common source of pills, supplying 18% of women and 13% of female partners of men. Not surprisingly, partners constituted the second source for condoms for women (23% of users), and the second source of condoms for men was a kiosk or store (31% of users). Very few men or women reported obtaining condoms in a family planning clinic. Virtually all contraceptive sterilization procedures took place in maternity hospitals.

Among women currently in union, the most noticeable change in source of supplied methods for current users consisted of a complete abandonment of street market contraceptive purchases ([Figure 8.2](#)). In 1993 17% of current users reported a street vendor as their main source of supplied methods (particularly condoms and pills); virtually no women used this source of contraception in

1999. This finding may explain, in part, the dramatic decrease in the condom's failure rate reported in 1999 compared with 1993 (see also Section 8.8).

TABLE 8.2A
Source of Supply Of Modern Contraceptive Methods
by Specific Method
Women Aged 15–44 Currently in Union Who Are Using Selected Contraceptive Methods,
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Source (Modern Methods)</u>	<u>Total*</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Female Sterilization</u>
<u>Public Medical Sector</u>	<u>32.4</u>	<u>1.6</u>	<u>28.2</u>	<u>61.2</u>	<u>1.3</u>	<u>99.7</u>
Hospital (Maternity or Ob/Gyn)	20.4	0.0	4.9	42.0	1.0	98.1
Family Planning Clinic or Office	8.8	1.3	18.2	12.3	0.3	1.6
Polyclinic	2.1	0.0	3.1	5.0	0.0	0.0
Urban or Rural Dispensary	1.1	0.3	2.0	1.9	0.0	0.0
<u>Private Clinic/Office</u>	<u>7.8</u>	<u>0.3</u>	<u>2.7</u>	<u>28.2</u>	<u>0.0</u>	<u>0.3</u>
<u>SECS†</u>	<u>0.5</u>	<u>0.4</u>	<u>1.0</u>	<u>0.1</u>	<u>0.9</u>	<u>0.0</u>
<u>Commercial Sales</u>	<u>51.4</u>	<u>73.3</u>	<u>66.6</u>	<u>9.8‡</u>	<u>95.6</u>	<u>0.0</u>
Pharmacy	47.7	60.5	66.6	9.8	95.6	0.0
Store/Kiosk	3.6	12.5	0.0	0.0	0.0	0.0
Street Market	0.1	0.3	0.0	0.0	0.0	0.0
<u>Other</u>	<u>7.7</u>	<u>24.2</u>	<u>1.4</u>	<u>0.7</u>	<u>2.3</u>	<u>0.0</u>
Partner	6.8	23.3	0.0	0.3	0.3	0.0
Friend	0.3	0.1	1.0	0.1	0.2	0.0
Mother or Other Relative	0.6	0.8	0.4	0.3	1.8	0.0
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unweighted No. of Cases</u>	<u>1,400</u>	<u>389</u>	<u>368</u>	<u>364</u>	<u>129</u>	<u>129</u>

* Includes 21 women using other modern methods.

† Society for Contraception and Sexual Education.

‡ Prescription to buy the IUD at a pharmacy and bring it to clinic/maternity for insertion.

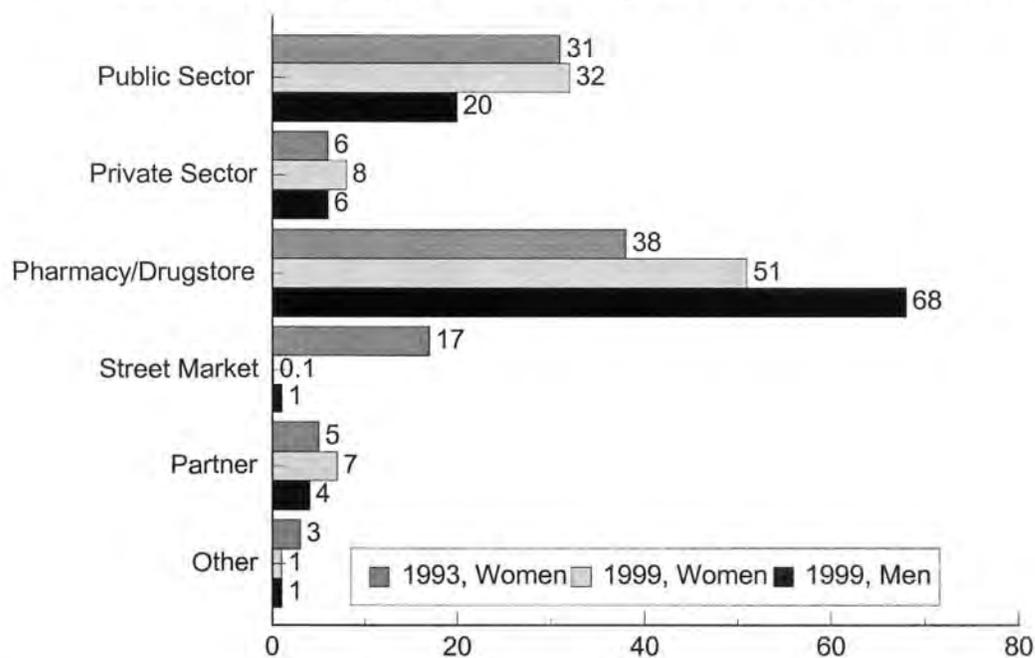
TABLE 8.2B
Source of Supply Of Modern Contraceptive Methods
by Specific Method
Men Aged 15–49 Currently in Union Who Are Using Selected Contraceptive Methods,
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Source (Modern Methods)</u>	<u>Total*</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Female Sterilization</u>
<u>Public Medical Sector</u>	<u>19.9</u>	<u>1.2</u>	<u>22.8</u>	<u>48.0</u>	<u>100.0</u>
Hospital (Maternity or Ob/Gyn)	12.8	0.0	6.9	37.9	94.3
Family Planning Clinic Or Office	4.7	0.9	13.0	3.5	0.0
Polyclinic	2.0	0.3	2.5	6.6	0.0
Urban or Rural Dispensary	0.4	0.0	0.4	0.0	5.7
<u>Private Clinic / Office</u>	<u>5.9</u>	<u>0.0</u>	<u>1.8</u>	<u>31.5</u>	<u>0.0</u>
<u>SECS</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
<u>Commercial Sales</u>	<u>68.5</u>	<u>94.8</u>	<u>64.7</u>	<u>15.6</u>	<u>0.0</u>
Pharmacy	53.0	62.3	64.7	15.6	0.0
Store / Kiosk	14.9	31.3	0.0	0.0	0.0
Street Market	0.6	1.2	0.0	0.0	0.0
<u>Other</u>	<u>4.3</u>	<u>2.4</u>	<u>9.7</u>	<u>2.8</u>	<u>0.0</u>
Partner	3.9	2.0	9.3	2.2	0.0
Friend	0.4	0.4	0.4	0.6	0.0
<u>Don't Know</u>	<u>1.5</u>	<u>1.7</u>	<u>1.0</u>	<u>2.2</u>	<u>0.0</u>
<u>Total</u>	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	571	255	164	97	26

* Includes 29 men using other modern methods.

† Prescription to buy the IUD at a pharmacy and bring it to clinic/maternity for insertion.

Figure 8.2
Source of Supply for Modern Contraceptives Among Current Users
Women and Men Currently in Union
Reproductive Health Surveys: Romania, 1993 and 1999



8.3 Dissatisfaction with the Current Method and Preference for Other Methods

The percentage of men and women who reported having problems or concerns about their current method of contraception was considerably lower than the percentage who wanted to switch to a different method. Overall, about 1 of 10 female current users and 1 of 8 male current users said they had problems or concerns about their current method of contraception.

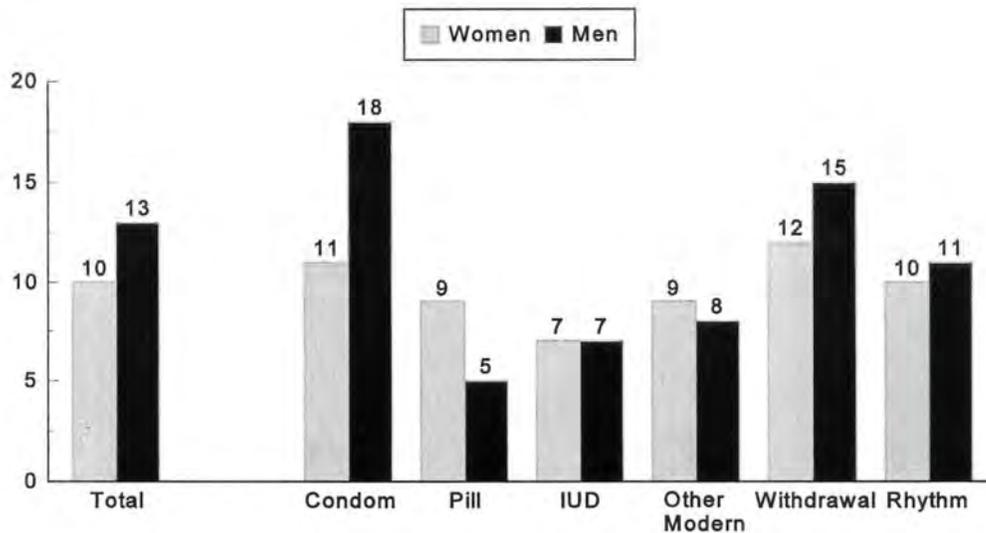
Condoms, withdrawal, and the calendar method were those with which both male and female respondents were the least satisfied ([Table 8.3.1](#) and [Figure 8.3](#)). The main reason for dissatisfaction with traditional methods was their low use-effectiveness. Both male and female condom users reported that the main reason for dissatisfaction was related to difficulty or unpleasantness when using the method. Among male and female pill and IUD users, side effects and health concerns accounted for most of the complaints about the method.

TABLE 8.3.1
Percent Distribution of Satisfaction With Currently Used Contraceptive Method
By Current Method Used and Reason For Dissatisfaction
Women and Men Who Are Currently Using A Contraceptive Method
Reproductive Health Survey: Romania, 1999

	Women 15-44						
	Current Method						
	<u>Total</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Other Modern</u>	<u>Withdrawal</u>	<u>Rhythm Method</u>
<u>Satisfied with Current Method</u>	<u>89.6</u>	<u>89.4</u>	<u>90.5</u>	<u>93.3</u>	<u>90.7</u>	<u>88.2</u>	<u>89.9</u>
<u>Dissatisfied with Current Method and Main Reason of Dissatisfaction*</u>	<u>10.4</u>	<u>10.6</u>	<u>9.3</u>	<u>6.7</u>	<u>9.3</u>	<u>11.8</u>	<u>10.1</u>
Not Very Effective, Had Already Failed	3.6	2.3	0.2	0.0	2.1	6.0	5.2
Difficult or Unpleasant to Use	3.1	5.7	0.8	0.6	1.9	3.9	2.3
Side Effects or Health Concerns	2.3	0.3	8.0	6.1	4.3	0.4	0.0
Not Pleased with the Method	0.6	0.7	0.0	0.0	0.5	0.8	1.5
Partner Complains About the Method	0.6	1.6	0.1	0.0	0.5	0.7	0.7
Access/Cost	0.2	0.0	0.4	0.0	0.0	0.0	0.4
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unweighted No. of Cases</u>	<u>3,489</u>	<u>514</u>	<u>451</u>	<u>382</u>	<u>310</u>	<u>1,555</u>	<u>277</u>
	Men 15-49						
	Current Method						
	<u>Total</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Other Modern</u>	<u>Withdrawal</u>	<u>Rhythm Method</u>
<u>Satisfied with Current Method</u>	<u>87.3</u>	<u>82.1</u>	<u>95.2</u>	<u>93.4</u>	<u>92.5</u>	<u>85.2</u>	<u>89.5</u>
<u>Dissatisfied with Current Method and Main Reason of Dissatisfaction*</u>	<u>12.6</u>	<u>17.8</u>	<u>4.8</u>	<u>6.6</u>	<u>7.5</u>	<u>14.8</u>	<u>10.5</u>
Difficult or Unpleasant to Use	7.2	11.0	0.0	0.0	0.0	10.3	5.0
Not Pleased with the Method	1.8	4.3	0.6	0.9	0.0	1.9	0.0
Not Very Effective, Had Already Failed	1.6	0.0	0.0	0.0	5.9	1.5	5.1
Side Effects or Health Concerns	1.1	0.3	3.9	4.6	0.0	0.5	0.4
Other	0.9	2.2	0.3	1.1	1.6	0.6	0.0
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unweighted No. of Cases</u>	<u>1,291</u>	<u>256</u>	<u>164</u>	<u>97</u>	<u>55</u>	<u>530</u>	<u>189</u>

* Includes women and men who have had side effects related to the use of their method.

Figure 8.3
 Percentage of Women and Men of Reproductive Age Who Are Currently in Union
 Dissatisfied with Their Current Contraceptive Method
 Reproductive Health Survey: Romania, 1999



To assess method acceptability, all current users of contraception were asked if they preferred to be using some other method of preventing pregnancy. Overall, about one of four male and female users answered positively ([Table 8.3.2](#)). However, the percentages differed considerably depending on the method used. The calendar, condom, and withdrawal methods were those with which respondents of both genders were the least satisfied; about one of three women who were using any of these three methods and 27%-28% of men. Among women, the only methods with low proportions who preferred other methods were the IUD and female sterilization; among men, only few reported problems with these methods or with pills. Virtually none of the small percentage of women and few men whose partners had been sterilized preferred another method.

Among women, the IUD and the pill are the most preferred methods (accounting for 39% and 33%, respectively, of the preferred methods), especially among users of condoms and of traditional methods. Only 6% of women who wanted to switch to another method indicated that they preferred female sterilization. Notably, 3% of all users (representing 12% of the 26% who prefer to use another method) were unable to name a desired method, which indicates the need for renewing IEC efforts among current users.

TABLE 8.3.2
Women and Men of Reproductive Age Who Are Currently Using a Contraceptive Method
and Would Prefer to Use a Different Method
by Current Method Used and Preferred Method
Reproductive Health Survey: Romania, 1999

		Specific Method Preferred							
		<u>Women 15-44</u>							
<u>Current Method</u>	<u>Total*</u>	<u>IUD</u>	<u>Pill</u>	<u>Tubal Ligation</u>	<u>Condom</u>	<u>Injectables</u>	<u>Other Modern</u>	<u>Do Not Know</u>	<u>No. of Cases</u>
<u>Any Method</u> [†]	26.0	9.7	8.5	1.5	1.3	1.0	0.8	3.0	3,489
Calendar	37.2	15.5	13.6	0.9	2.1	1.0	1.2	3.0	277
Condom	35.8	13.5	14.9	1.8	0.1	1.1	0.6	3.6	514
Withdrawal	30.8	11.0	10.5	1.2	2.5	0.8	1.1	3.6	1,555
Spermicides	24.5	12.2	5.1	2.9	0.9	0.9	0.3	2.3	139
Pills	14.8	7.0	0.0	2.8	0.3	1.9	0.9	1.8	451
IUD	6.1	0.0	2.3	1.1	0.0	0.6	0.1	2.0	382
Tubal Ligation	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.2	146
		<u>Men 15-49</u>							
<u>Current Method</u>	<u>Total</u> [‡]	<u>IUD</u>	<u>Pill</u>	<u>Tubal Ligation</u>	<u>Condom</u>	<u>Injectables</u>	<u>Other Modern</u>	<u>Do Not Know</u>	<u>No. of Cases</u>
<u>Any Method</u> [§]	23.1	4.6	9.5	1.0	5.2	0.3	0.9	1.0	1,292
Withdrawal	28.0	4.3	10.2	1.3	9.1	0.4	1.0	1.5	531
Condom	27.7	6.2	15.4	1.2	NA	0.0	1.2	1.1	256
Calendar	26.9	6.7	8.8	0.5	8.4	0.0	1.6	0.5	189
Pills	5.3	1.8	NA	0.3	1.1	1.2	0.0	0.9	164
IUD	3.9	NA	2.8	1.1	0.0	0.0	0.0	0.0	97
Tubal Ligation	3.4	3.4	0.0	NA	0.0	0.0	0.0	0.0	26

* Includes seven women who said they want to switch to a traditional method.

† Includes 25 women using other modern methods.

‡‡ Includes nine men who said they want to switch to a traditional method.

§ Includes 29 men using other modern methods.

TABLE 8.3.3
Women and Men of Reproductive Age Who Are Currently Using a Contraceptive Method
and Want to Switch to Another Method
By Reason for Not Using the Preferred Method and by Preferred Method
Reproductive Health Survey: Romania, 1999

Most Important Reason For Women <u>Not Using Preferred Method</u>	<u>Total*</u>	<u>Preferred Method</u>					
		<u>IUD</u>	<u>Pill</u>	<u>Tubal</u>		<u>Injectables</u>	<u>Spermicides</u>
				<u>Ligation</u>	<u>Condom</u>		
Still Thinking About it	33.3	35.4	25.9	19.0	21.1	44.7	10.6
Fear of Side Effects	24.1	22.4	38.3	16.5	0.0	3.3	3.5
Cost	13.2	18.1	11.6	18.5	12.2	5.5	31.1
Difficult to Obtain the Method	9.6	3.5	6.4	12.0	10.7	38.9	44.5
Doctor Did Not Recommend It	5.5	8.7	5.0	0.0	0.0	3.1	1.4
Partner Opposes	5.4	4.2	2.3	26.5	29.6	0.0	0.0
Neglected to Get the Method	3.7	4.2	3.8	0.0	12.9	4.5	0.0
Difficult to use	2.1	0.5	2.9	0.0	13.1	0.0	3.4
Other Reasons	3.1	2.9	3.8	7.5	0.5	0.0	5.5
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100
<u>Unweighted No. of Cases</u>	909	357	283	51	44	35	26
Most Important Reason For Men							
<u>Not Using Preferred Method</u>							
Still Thinking About it	21.9	30.4	13.5	†	23.2	†	†
Fear of Side Effects	18.8	11.8	34.6	†	3.2	†	†
Cost	18.1	23.9	17.4	†	16.3	†	†
Partner Opposes	16.9	18.5	20.9	†	12.5	†	†
Difficult to use	7.0	1.5	0.0	†	25.0	†	†
Difficult to Obtain the Method	5.3	1.1	2.9	†	12.1	†	†
No Knowledge Of Method	4.1	0.0	2.3	†	0.9	†	†
Other Reasons	3.1	2.9	3.8	†	0.5	†	†
Neglected to Get the Method	1.6	2.8	0.8	†	1.2	†	†
Doctor Did Not Recommend It	1.2	0.0	2.9	†	0.0	†	†
<u>Total</u>	100.0	100.0	100.0	†	100.0	†	†
<u>Unweighted No. of Cases</u>	286	63	107	14	62	4	9

* Includes seven women who would prefer to switch to a traditional method and 106 who said they are not sure to what method they want to switch. Includes nine men who would prefer to switch to a traditional method and 15 who said they are not sure what method they want to switch to.

† Fewer than 25 cases in that category.

For men, the pill as well as the condom and the IUD were the most preferred methods (accounting for 41%, 23% and 20%, respectively, of the preferred methods). This was especially true for condom and traditional method users. Only 4% of those men who wanted to switch to another method indicated they preferred their female partner be sterilized. On the other hand, 74% of women and 77% of men were satisfied with the method they are using.

Overall, one-third of women and 22% of men who wanted to use another method were still thinking about switching to their preferred method ([Table 8.3.3](#)). One-fourth of female respondents and 19% of male respondents who wanted to use another method were concerned about potential side effects associated with the preferred method, principally clinical methods. A relatively high proportion of men (18%) and women (13%) said the cost associated with their preferred method was the most important barrier to switching. Lack of availability of the preferred method was mentioned by 10% of female respondents who wanted to switch to another method.

A majority of women preferring the IUD, the method preferred to the greatest extent by female respondents, said they were not using it either because they still were thinking about it or because they feared side effects. The same was true of 48% of men who wanted their partners to use the pill, the method most male respondents preferred. Cost/access (22%) and lack of a doctor's recommendation (9%) were also mentioned as important reasons by female current users who wanted to use the IUD. For those women who preferred pills, fear of side effects (38%), indecision (26%), and cost/access (18%) were the most important reasons they had not changed. Tubal ligation was mentioned by a number of women, for whom the most frequent reasons for nonuse were partner opposition (27%), indecision (19%), fear of side effects (18%) and cost/access (31%). Among men, partner's opposition was another reason why their partners had not yet switched to the IUD or pill (about one of five men preferred each method).

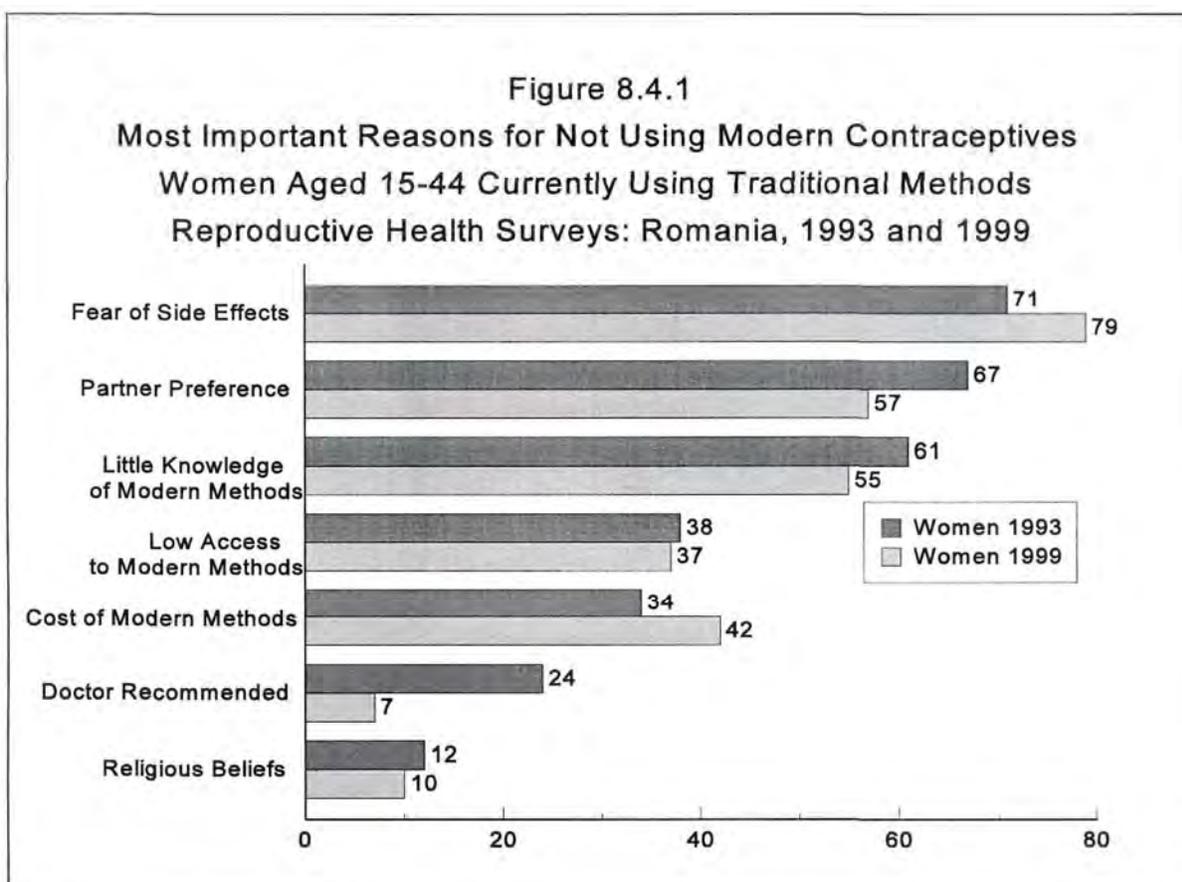
8.4 Users of Non-Supplied Methods

Every respondent who was currently using any non-supplied method (i.e., calendar method and withdrawal) was asked whether certain factors were "important" or "somewhat important" in their decision not to use a more effective method. Most women stated that fear of side effects (79%), partner preference (57%), lack of knowledge about modern methods (55%), and cost (42%) or availability (36%) of modern methods were the major factors influencing their decision not to use a modern method ([Table 8.4.1](#)). Few women (10%) considered their religious beliefs, a friend (8%) or a doctor's advice (7%) as important factors in their decision to use traditional methods.

TABLE 8.4.1
Contraceptive Method Users Who Stated that Selected Factors Were Important or Somewhat Important When Deciding To Use a Non-Supplied Method Instead of a Modern Method, by Selected Characteristics
Among Women Aged 15–44 Currently Using Traditional Methods
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Selected Factors</u>								<u>No. of Cases</u>
	<u>Fear of Health/Side Effects</u>	<u>Partner Preference</u>	<u>Lack of Knowledge</u>	<u>Cost of Other Methods</u>	<u>Difficult to Get Other Methods</u>	<u>Religious Beliefs</u>	<u>Other Person Recomm.</u>	<u>Doctor Recommendation</u>	
Total	79.2	57.4	55.1	42.2	36.6	10.0	8.2	7.0	1832
Method Used									
Withdrawal	78.5	58.2	58.1	43.3	37.9	10.0	7.6	5.9	1555
Rhythm Method	82.6	53.2	40.5	36.9	30.2	10.1	11.1	12.1	277
Residence									
Urban	79.4	54.2	48.3	36.9	33.3	7.4	7.9	7.6	911
Rural	78.9	61.7	64.3	49.2	41.0	13.6	8.6	6.1	921
Age Group									
15–24	76.5	60.0	61.5	37.0	35.3	10.7	9.7	4.0	360
25–34	78.5	57.5	51.8	40.2	35.1	8.9	8.9	8.7	830
35–44	81.3	55.8	55.2	47.1	38.9	10.8	6.7	6.8	642
Marital Status									
Currently Married	79.6	57.5	55.9	44.1	38.3	10.3	8.6	7.5	1689
Not Currently Married	75.2	56.3	48.7	25.8	22.3	7.5	4.8	2.5	143
Education Level									
Secondary Incomplete	79.2	60.3	63.5	50.9	42.9	12.8	8.9	6.5	1045
Secondary Complete	78.2	55.4	48.1	32.9	31.1	6.2	7.7	8.0	610
Post-secondary	82.0	48.0	32.5	24.8	20.6	7.3	6.2	6.0	177
Socio-economic Status									
Low	76.0	63.8	67.5	54.7	46.5	14.6	8.8	5.1	579
Middle	79.1	56.2	55.6	41.6	34.2	9.4	7.8	6.6	808
High	82.7	52.7	41.5	30.1	30.5	6.3	8.3	9.4	445

Among users of non-supplied (traditional) methods there was no significant variation by background characteristics in the proportion mentioning that fear of health/side effects was important in their decision to not use a modern method. Lack of knowledge was more often mentioned by women using withdrawal, women in rural areas, 15-24 year-olds, those with less than complete



secondary education, and women with low SES. Less than complete secondary education and low socioeconomic status were also more common for those reporting partner preference. The cost and availability of modern methods were mentioned more often by women living in rural areas, older women, women currently married or in consensual union and women with lower education or low SES. Religious beliefs were more important for rural women and women with less than complete secondary education. A friend's or a doctor's recommendation was cited as being barrier by less than 9% of traditional method users. In conclusion, a substantial number of factors mentioned as important in their decision-making by women who chose to use traditional methods could in fact be influenced by adequate contraceptive counseling and improved access to family planning services.

There was little change since 1993 in the most important factors that influenced women in their decision to use traditional methods rather than modern methods ([Figure 8.4.1](#)). Fear of side effects, partner's preferences, and little knowledge of modern methods continued to affect women's decisions to use traditional methods in 1999. Users of traditional methods in 1999 were more likely to agree that the cost of modern methods was a more important factor than they were in 1993 (43% vs. 34%). A much lower proportion of women in 1999 than in 1993 stated that a doctor's recommendation influenced their decision to use traditional methods (7% vs. 24%).

Women using non-supplied (traditional) methods were asked about the effectiveness of their current method relative to "modern methods like the IUD or the pill." More than a half considered their method more effective (22%) or equally effective (34%) compared with modern methods and only a third (33%) recognized that the IUD or the pill are more effective methods in preventing pregnancy (Table 8.4.2). In addition, 11% admitted that they did not know if their method is more or less effective. The traditional-method users' knowledge about contraceptive effectiveness has improved substantially since 1993. The proportion of users who recognized that their method is less effective than the IUD or pill almost doubled (from 19% to 33%) and the proportion of those who believed that traditional methods are more effective declined one-third from 33% to 22% (Figure 8.4.2). Similar to the 93RRHS, in the 99RRHS belief in high relative effectiveness (more or equally effective) of traditional methods was not significantly influenced by education (data not shown). Perceived relative effectiveness was highly associated with the desire to use another method in the future. As expected, women who did not want to change their current traditional method were also more likely to think highly of its effectiveness (63%). Those who said their preference for a future method would be either the IUD or another supplied method were the least likely to believe that their current method is relatively effective (32%-44%).

These data indicate that, to increase the use of more effective methods, the national family planning program should concentrate on heightening public awareness of the relative effectiveness of various types of contraception, including contraceptive sterilization, disseminating information about the health effects of various methods, including their health benefits, and improving access to modern methods.

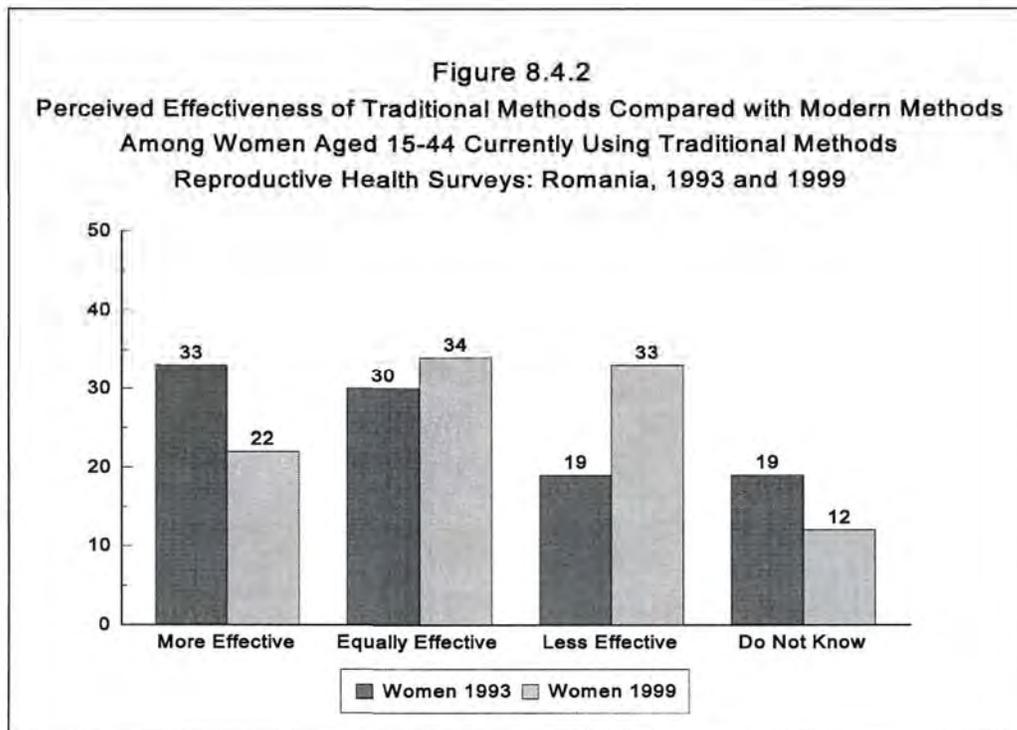


TABLE 8.4.2
Perceived Effectiveness of Traditional Contraceptive Methods Compared With Modern Methods
By Selected Characteristics
Among Women Aged 15-44 Currently Using a Traditional Method
Reproductive Health Survey: Romania, 1999

Perceived Effectiveness of Traditional Methods Compared With Modern Methods						
<u>Characteristic</u>	<u>More Effective</u>	<u>Equally Effective</u>	<u>Less Effective</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	21.7	34.0	32.8	11.5	100.0	1,832
Method Used						
Withdrawal	21.8	33.2	32.4	12.6	100.0	1,555
Calendar (Rhythm) Method	21.2	38.2	34.7	6.0	100.0	277
Residence						
Urban	19.4	37.5	35.2	8.0	100.0	911
Rural	24.8	29.3	29.7	16.2	100.0	921
Age Group						
15-24	18.5	36.5	31.5	13.5	100.0	360
25-34	21.5	32.3	34.6	11.6	100.0	830
35-44	23.6	34.5	31.6	10.3	100.0	642
Education Level						
Secondary Incomplete	25.7	29.6	29.3	15.4	100.0	1,045
Secondary Complete	17.8	37.5	36.9	7.8	100.0	610
Post-secondary	12.2	46.8	38.6	2.3	100.0	177
Socio-economic Status						
Low	23.9	26.2	30.1	19.8	100.0	579
Middle	21.6	36.1	32.4	9.9	100.0	808
High	19.4	38.7	36.4	5.5	100.0	445
Ethnicity						
Romanian	21.8	34.9	32.9	10.4	100.0	1,597
Hungarian	14.3	31.0	37.2	17.5	100.0	127
Roma	26.6	24.8	30.1	18.5	100.0	84
Other	*	*	*	*	*	24
Preference for Other Method						
IUD	9.9	21.7	62.3	6.1	100.0	232
Pill	10.8	33.1	50.5	5.7	100.0	195
Other Method †	14.5	37.5	44.1	3.8	100.0	105
Does Not Know What Method	16.2	20.3	52.3	11.3	100.0	65
Does Not Want To Change	26.4	36.7	22.9	14.0	100.0	1,235

* Fewer than 25 cases

† Include four women who want to switch to another traditional method

8.5 Reasons for Not Using Contraception

Women and men currently in union mentioned a broad variety of reasons for not currently using contraception. Among women, the most common reasons given were related to fecundity impairment (43%) or pregnancy (17%) (Table 8.5 and Figure 8.5). Female fecundity impairment includes surgical and medical causes which prevent pregnancy and failure to conceive after at least two years of effort (without using contraception). Pregnancy-related reasons were the respondent being currently pregnant or breastfeeding, or the respondent desiring a pregnancy. About one of seven women reported lack of current sexual activity as the most important reason for not using a method. It is noteworthy that very few women reported reasons related to family planning as contributing to their decision not to use a method, such as lack of access to family-planning services (1%), personal or partner opposition to contraceptive methods (2%), and fear of side effects (1%). The reasons men in union reported they were not currently using a contraceptive method were similar to the reasons reported by women. The major reason, reported by 38% of male nonusers, was that their partner could not become pregnant. Similar to women, but more emphatic, 16% of men mentioned they desire a child soon. The other reasons cited by men were similar to those of women, except opposition or dislike of contraception (5% of men and 2% of women).

Reasons for not using a method differed sharply by age group. Younger women in union were more likely to be either pregnant or in the postpartum period (44%) or were seeking to become pregnant (27%), whereas women aged 35-44 years were more likely to not be able to get pregnant

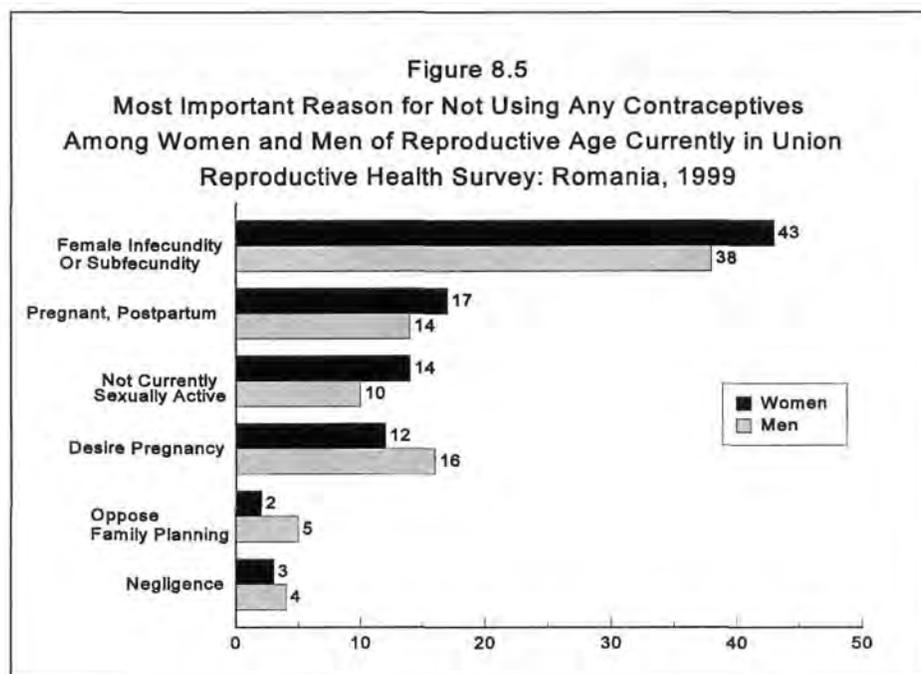


TABLE 8.5
Most Common Cited Reasons for Not Currently Using Contraception by Age Group
Among Women and Men Currently in Union
(Percent Distribution)
Reproductive Health Survey: Romania, 1999

	Total	Age Group		
		15-24	25-34	35-44
Most Common Reasons for Women				
Female Infecundity or Subfecundity	43.4	6.0	30.5	67.6
Currently Pregnant or Postpartum	16.6	43.9	23.2	1.0
No Sexual Intercourse Within the Last Month	14.0	13.5	14.6	13.7
Wants to Get Pregnant Soon	12.3	27.0	17.4	2.8
Respondent doubts that she can get pregnant	3.3	1.5	2.6	4.6
Neglected to use	2.9	2.9	4.1	2.0
Personal or Partner Opposition to Family Planning	1.8	1.4	2.4	1.5
Approaching Menopause	1.3	0.0	0.0	2.8
Lack of Access to or Knowledge of FP (Services)	1.3	1.5	1.5	1.1
Fear of Side Effects	0.8	0.9	1.2	0.5
Male Infecundity/Subfecundity	0.5	0.6	0.3	0.5
Other reasons	0.3	0.0	0.5	0.2
Does not Know	1.6	0.9	1.7	1.7
Total	100.0	100.0	100.0	100
Unweighted No. of Cases	1,754	310	692	752
Most Common Reasons for Men				
Female Infecundity/Subfecundity	38.2	0.0	15.0	52.0
Wants Partner To Get Pregnant	16.4	23.3	36.1	7.3
Currently Pregnant or Postpartum	13.5	60.8	24.2	3.7
No Sexual Intercourse Within the Last Month	9.6	4.5	9.5	10.2
Personal or Partner Opposition to Family Planning	5.1	2.8	4.8	5.5
Neglected to use	3.5	3.0	1.5	4.3
Partner Approaching Menopause	3.2	0.0	0.0	4.8
Respondent doubts that his wife can get pregnant	2.3	0.0	0.8	3.2
Fear of Side Effects	2.0	2.9	2.2	1.7
Lack of Access to or Knowledge of FP (Services)	1.1	0.0	1.1	1.2
Male Infecundity/Subfecundity	0.2	0.0	0.5	0.1
Other reasons	1.7	2.7	2.4	1.3
Does not Know	3.4	0.0	1.9	4.4
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	557	35	157	365

(68%). Among younger men in union, pregnancy-related reasons (presence or desire of pregnancy) were also most often mentioned (84% and 60%, respectively). Subfecundity and infecundity concerns were cited by more than a half of men aged 35 years or older.

8.6 Intention to Use Contraception among Nonusers

The 99RRHS asked all women and men who were not using any contraceptive methods at the time of the interview if they planned to use any contraception in the next 12 months or later. Intention to use contraception in the future among non-users has to be taken into account when forecasting potential need for family planning services. [Table 8.6.1](#) presents this intention among fecund women who are currently married or in consensual unions according to the number of living children they have. Intention to use contraception among male nonusers is shown in [Table 8.6.2](#).

Overall, two thirds (66%) of fecund women who are currently in union and who are not currently using a contraceptive method plan to use a method in the future, 48% of them within the next 12 months and 18% at a later time. About one in seven women in this group (13 %) were unsure if they wanted to use contraception in the future. Among male nonusers, the desire for future contraception was substantially lower than among women (43% vs. 66%), presumably because of their higher desire for pregnancy and dislike of contraception.

TABLE 8.6.1
Desire to Use Contraception in the Future by Number of Living Children
Fecund Women Aged 15-44 Who Are Currently in Union Who Are Not Using Contraception
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Desire to Use Contraception</u>	<u>Total</u>	<u>Number of Living Children*</u>				
		<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
Want to Use a Method Within 12 Months	48.1	13.8	53.9	59.1	58.8	44.6
Want to Use a Method Later	17.9	42.8	18.7	9.4	8.0	2.1
Undecided	13.4	19.4	13.0	11.3	10.5	13.3
Do not Want to Use Contraception	20.6	24.0	14.4	20.2	22.8	40.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	1,018	165	362	300	97	94

* Women who were pregnant at the time of the interview are classified as having one more child than the actual number.

Intention to use contraception among women was influenced by the number of living children and future fertility preferences (Table 8.6.2). Nonusers who intended to begin contraceptive use tended to have one or two children (73% and 69%, respectively). However, more than one in two childless nonusers (57%) planned to use contraception in the future, but very few of them wanted to start within the next 12 months (14%). Conversely, most nonusers with one or more children who said that they wanted to use contraception, wanted to start within the next year.

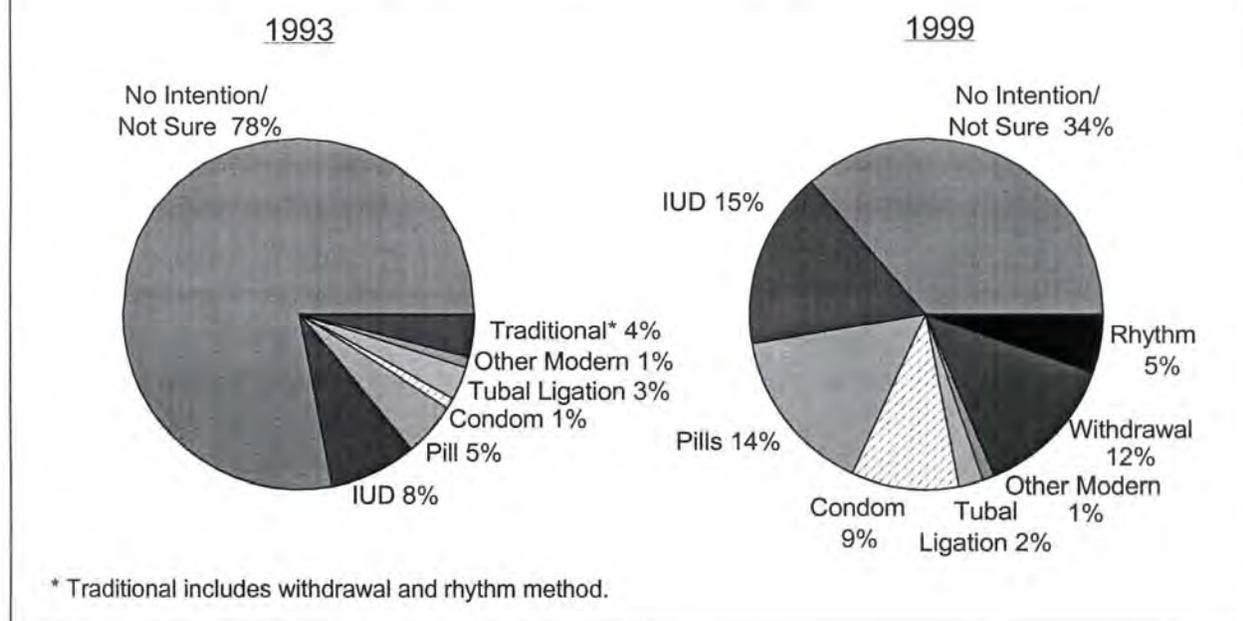
Intention to use contraception in the future among fecund female nonusers was slightly influenced by their desire for additional children—69% of those who desired no more children plan to use contraception compared to 62% among those who did not want to terminate fertility (Table 8.6.2). Those who wanted to stop childbearing were twice as likely to plan using contraception within the next 12 months as those who wanted more children (61% vs. 33%).

Among male nonusers, there was no strong desire to use contraception among those who did not desire additional children (28%), chiefly because they reported not being currently sexually active or that their wives did not desire to use contraception. However, almost all those who did not want any more children and planned to use a method wanted to start within the next year.

TABLE 8.6.2
Desire to Use Contraception in the Future by Fertility Preferences
Fecund Women and Men Currently in Union Who are Not Using Any Contraception
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

	Total (Women)	Total (Men)	Desire for (Additional) Children			
			Women		Men	
			Want More	No More	Want More	No More
<u>Desire to Use Contraception</u>						
Want to Use a Method Within 12 Months	48.1	30.0	32.6	60.6	33.3	25.5
Want to Use a Method Later	17.9	12.5	29.2	8.7	20.0	2.0
Undecided	13.4	16.9	18.7	9.1	16.2	18.0
Do not Want to Use Contraception	20.6	40.5	19.5	21.6	30.5	54.6
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	1,018	319	463	555	189	130

Figure 8.6
 Percentage of Fecund Women Currently in Union Who Are Non-Users
 By Their Intention to Use Specific Contraceptive Methods
 Reproductive Health Surveys: Romania, 1993 and 1999



Between the 93RRHS and the 99RRHS, there was a three-fold increase in the overall intention to use contraception in the future among fecund women who are non-users of contraception (Figure 8.6). In 1993, only 22% of fecund women in union intended to use contraception in the future, including 18% who planned to use a supplied method (8% intended to use an IUD, 5% the pill, 3% tubal ligation and 2% another modern method). This proportion rose to 66% in 1999, but the contraception method mix did not change substantially. One in two nonusers who desired to start using a method would choose the IUD or pill, whereas one in four would start using a traditional method. Interestingly, preference for a particular method was not influenced by fertility preferences (data not shown). The desire for long-term contraceptive methods (i.e., IUD and tubal ligation) was similar among those who wanted more children and those who did not, partly because among women who want no more children, a significant proportion was over 40 years of age and less inclined to choose a supplied method.

Of the 43% of male non-users who stated that they wanted to use a method in the future, 9% would like to use condoms, 8% pills, 7% long-term methods (4% IUD and 3% tubal ligation), 3% other supplied methods, and 15% a traditional method (data not shown).

8.7 Recent Trends in Contraceptive Use

The 99RRHS questionnaire included a detailed five-year contraceptive "calendar", whereby contraceptive use, pregnancy events, and marital status were recorded monthly starting with January 1994 through the date of the interview. These data were used to compute mid-year contraceptive prevalence rates for the five years preceding the survey year (1994-1999), using the reported prevalence in the month of July in each year. During these five years, there was a steady and relatively strong rise in the overall contraceptive prevalence among all women but very little change among women in formal or consensual unions. Between July 1994 and July 1998, contraceptive prevalence rose from 39% to 50% among all women and ranged between 64% and 67% among women in union (Table 8.7 and Figure 8.7.1). Most of the increase among all women was the result of higher use of modern methods. Contraceptive prevalence of modern methods has rose by 61% from 1994 among all women (from 15% to 24%) while the use of traditional methods remained basically unchanged. However, there were substantial differences in contraceptive method mix by marital status. The use of modern methods rose by 26% among women in union (from 23% to 29%), and use of traditional methods decreased by 13% (from 42% to 36%), translating into little change of the overall prevalence.

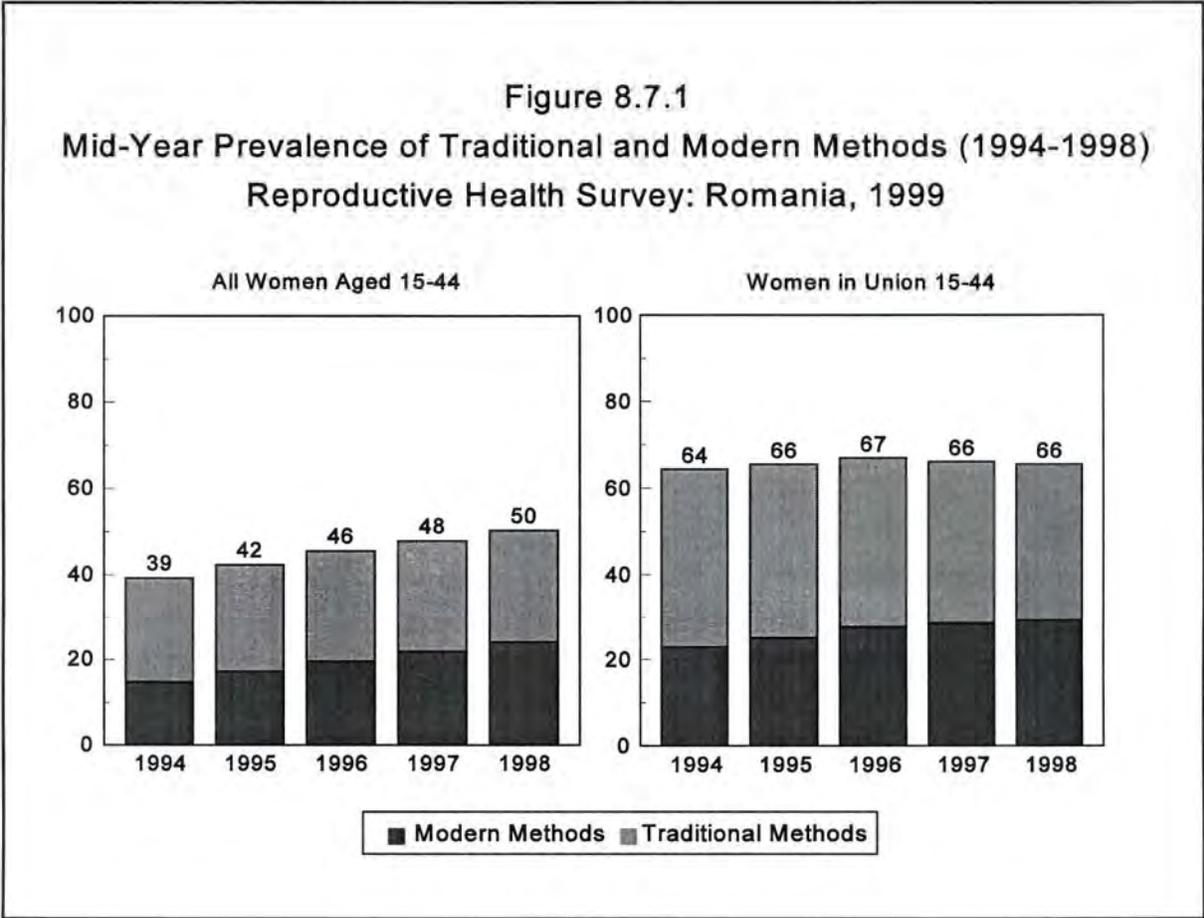
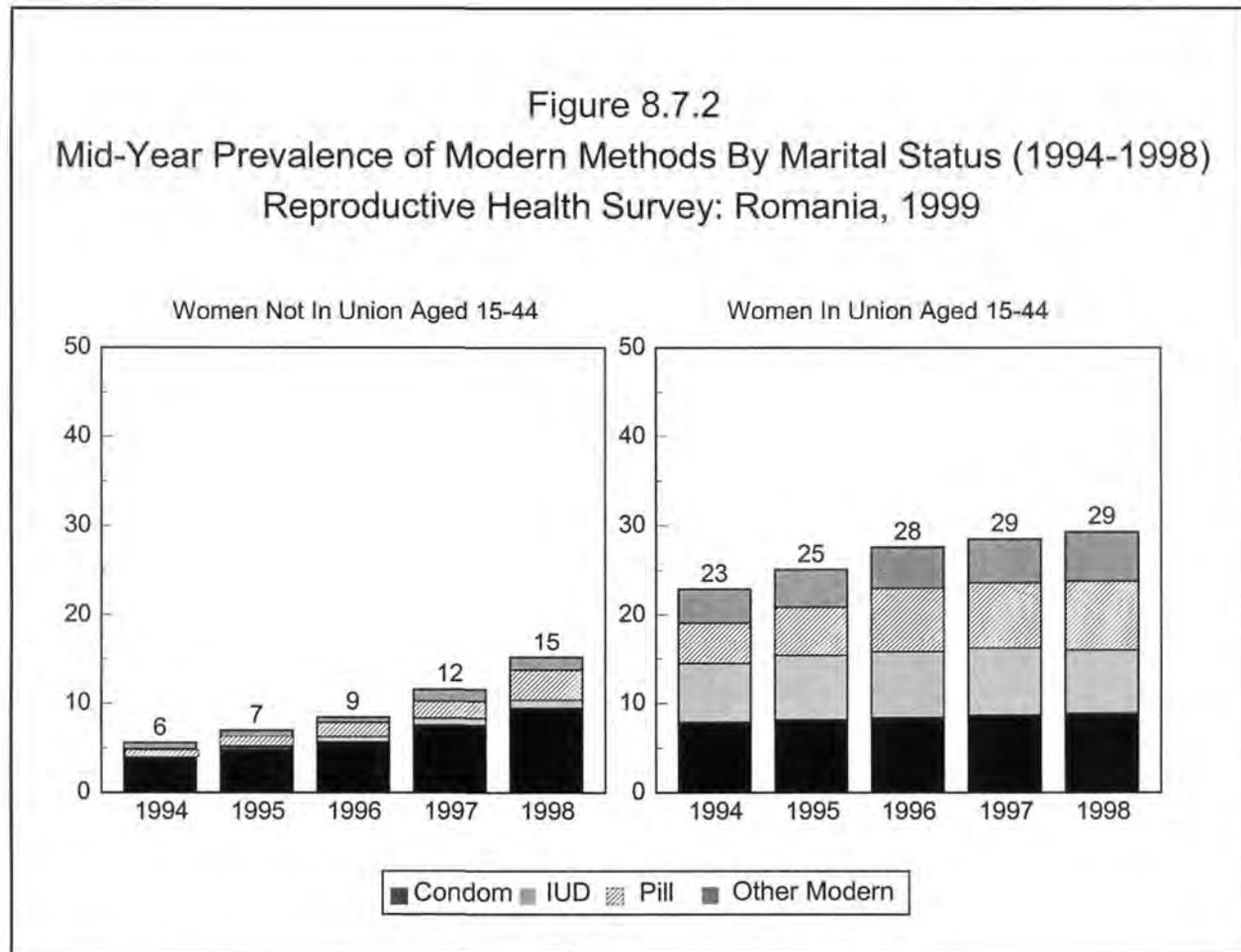


TABLE 8.7
Mid-Year Contraceptive Prevalence At One-Year Intervals - July 1994 to July 1998
Among All Women, Women Currently in Union and Women Not Currently in Union
(Percent Distribution)
Reproductive Health Survey: Romania, 1999

<u>Use of Contraception</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>
All Women Aged 15-44					
<u>Any Method</u>	<u>39.3</u>	<u>42.4</u>	<u>45.6</u>	<u>48.0</u>	<u>50.3</u>
<u>Modern Methods</u>	<u>14.8</u>	<u>17.3</u>	<u>19.6</u>	<u>21.9</u>	<u>24.1</u>
Condom	6.0	6.7	7.3	8.3	9.1
IUD	3.6	4.2	4.6	4.9	4.8
Pill	2.9	3.7	4.8	5.3	6.2
Female Sterilization	1.0	1.2	1.4	1.5	1.7
Other	1.3	1.5	1.5	1.9	2.3
<u>Traditional Methods</u>	<u>24.5</u>	<u>25.1</u>	<u>26.0</u>	<u>26.0</u>	<u>26.2</u>
Withdrawal	20.2	21.0	21.8	21.7	22.0
Calendar (Rhythm Met.)	4.3	4.1	4.2	4.3	4.2
<u>No Method</u>	<u>60.7</u>	<u>57.6</u>	<u>54.4</u>	<u>52.0</u>	<u>49.8</u>
Women In Union Aged 15-44					
<u>Any Method</u>	<u>64.4</u>	<u>65.5</u>	<u>67.0</u>	<u>66.1</u>	<u>65.6</u>
<u>Modern Methods</u>	<u>22.9</u>	<u>25.1</u>	<u>27.6</u>	<u>28.5</u>	<u>29.3</u>
Condom	7.9	8.2	8.4	8.7	8.9
IUD	6.6	7.2	7.4	7.5	7.1
Pill	4.6	5.5	7.2	7.4	7.8
Female Sterilization	1.8	1.9	2.2	2.3	2.4
Other	2.0	2.3	2.4	2.6	3.1
<u>Traditional Methods</u>	<u>41.5</u>	<u>40.4</u>	<u>39.4</u>	<u>37.6</u>	<u>36.3</u>
Withdrawal	34.7	34.2	33.2	31.4	30.6
Calendar (Rhythm Met.)	6.8	6.2	6.2	6.2	5.7
<u>No Method</u>	<u>35.6</u>	<u>34.5</u>	<u>33.0</u>	<u>33.9</u>	<u>34.5</u>
Women Not In Union Aged 15-44					
<u>Any Method</u>	<u>10.4</u>	<u>13.6</u>	<u>15.6</u>	<u>19.6</u>	<u>24.2</u>
<u>Modern Methods</u>	<u>5.6</u>	<u>7.0</u>	<u>8.5</u>	<u>11.6</u>	<u>15.2</u>
Condom	3.8	4.8	5.7	7.6	9.5
IUD	0.2	0.3	0.6	0.8	0.9
Pill	1.1	1.3	1.6	1.9	3.4
Female Sterilization	0.1	0.2	0.3	0.4	0.5
Other	0.4	0.4	0.3	0.9	0.9
<u>Traditional Methods</u>	<u>4.8</u>	<u>6.6</u>	<u>7.1</u>	<u>8.0</u>	<u>9.0</u>
Withdrawal	3.5	4.2	5.7	6.7	7.4
Calendar (Rhythm Met.)	1.3	1.4	1.4	1.3	1.6
<u>No Method</u>	<u>89.7</u>	<u>87.5</u>	<u>84.4</u>	<u>80.3</u>	<u>75.7</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

Conversely, among women not in union, prevalence of both modern and traditional methods increased substantially, but the 2.5-fold increase in contraceptive prevalence of modern methods (from 6% to 15%) was far greater than the increase in use of traditional methods (from 5% to 9%).

Overall, most of the increase in modern prevalence was due to a net growth in pill and condom use, especially among unmarried women. The pill prevalence among all women doubled (from 3% to 6%) and condom use increased by 50% (from 6% to 9%), while the use of IUD changed little (from 4% to 5%) (Figure 8.7.2). The growth in pill and condom use was most rapid among unmarried women (from 1% to 3% and from 4% to 10%, respectively). For women in union, modern method use in 1999 remained at 29.5%, resulting in a lower percentage increase in the last three years compared with the three year period from 1994 to 1996 . Renewed efforts are needed by the national family planning program to regain momentum.



8.8 Contraceptive Failure and Discontinuation

The contraceptive failure rate (i.e., the probability of becoming pregnant while using a contraceptive method) and discontinuation rate (i.e., the probability of stopping use of a contraceptive method for any reason, including getting pregnant) were calculated using information collected through the detailed month-by-month pregnancy and contraceptive use history starting with January 1994. If, as is usually the case, some women did not report pregnancies ending in abortions and they had been using contraception at the time of conception, these rates may be underestimated. Thus, the rates reported here are minimum estimates, and the true rates are probably somewhat higher than shown in [Table 8.8.1](#).

Life table analysis of segments of contraceptive use was employed to estimate the monthly probabilities of failure and of discontinuing contraceptive use for all women using a contraceptive method during the observed period (January 1994-October 1999). By linking these probabilities, 12-, 24-, and 36-month contraceptive failure and discontinuation rates can be calculated. These rates represent the proportion of users who stop using their method within the first, second or third year of use for any reason (discontinuation rate) or because they become pregnant while using the method (failure rate). The one-, two-, and three-year intervals of use refer to uninterrupted use; a new interval starts when a woman begins to use a method for the first time or when she resumes its use after a period in which she had used another or no method. When more than one method had been used during any month, that month's contraceptive experience was assigned only to the more effective of the two methods (e.g., many periodic abstinence users reported use of condoms during the period of maximum fertility and were classified as condom users).

Overall, 18% of women became pregnant during the first year, 30% after two years, and 36% after three years while using a contraceptive method ([Table 8.8.1](#)). Failure rates varied considerably by method. The IUD had the lowest failure rate at all intervals (1.5%-2.1 %). Although the one-year IUD failure rate was very low, it was twice as high as the most recent data published in the literature—0.8 failures per 100 women using the method. The failure rate for oral contraceptives (4%-6%) was higher but consistent with the published one-year failure rates for common use (6%-8%). About 4% of pill users became pregnant in the first 12 months of use and the percentage of failures rose to 6% after two or three years of use. Condom users reported failure rates of 9% during the first year and 16% and 18%, respectively, after two and three years. The relatively high failure rate reported for the condom was consistent with its reported contraceptive efficacy (14%) (Hatcher RA et al., 1998). The highest failure rates were reported by users of periodic abstinence and withdrawal; nearly one-third became pregnant in the first 12 months of use and about half became pregnant after two or three years.

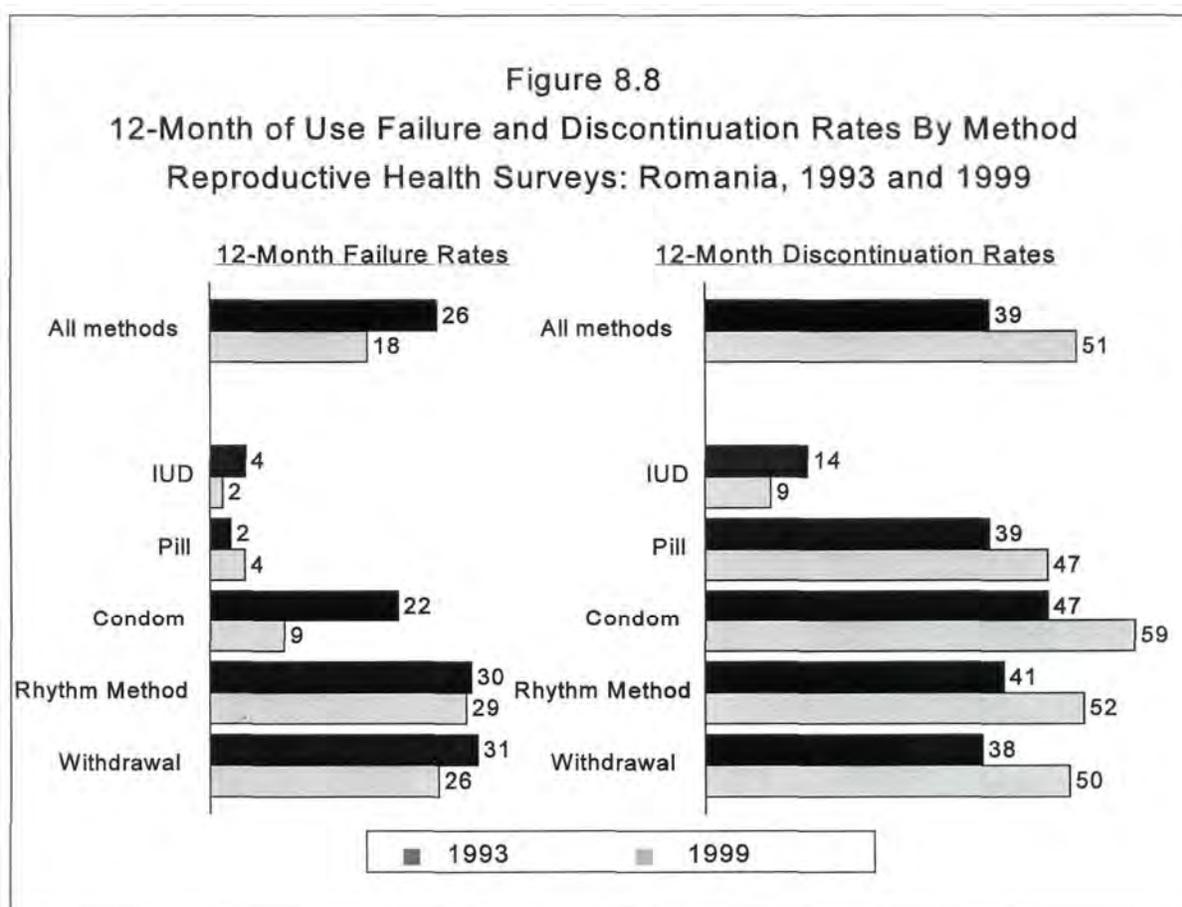
TABLE 8.8.1
Contraceptive Failure and Discontinuation Rates At One, Two, and Three Years
For Selected Methods of Contraception
Among All Segments* of Contraceptive Use Initiated Since January 1994
Reproductive Health Survey: Romania, 1999

Failure Rates						
<u>Duration</u>	<u>All Methods</u>	<u>Contraceptive Method</u>				
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Rhythm Method</u>	<u>Withdrawal</u>
One Year	18.2	1.5	4.0	8.5	29.4	26.2
Two Years	29.9	1.9	5.5	15.7	46.7	43.3
Three Years	35.8	2.1	6.2	18.3	51.6	52.9
<u>No. of Segments</u>	8,127	433	1,248	1,645	607	3,530

Discontinuation Rates						
<u>Duration</u>	<u>All Methods</u>	<u>Contraceptive Method</u>				
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Rhythm Method</u>	<u>Withdrawal</u>
One Year	51.1	9.4	46.8	58.7	52.3	49.9
Two Years	68.1	14.2	67.8	74.7	71.2	69.3
Three Years	76.4	22.5	78.1	81.9	76.6	79.2
<u>No. of Segments</u>	8,127	433	1,248	1,645	607	3,530
Discontinuation due to						
1-year method failure	39.0	24.0	8.5	14.5	56.2	52.5

* A segment or interval of contraceptive use was defined as the duration (in months) of continuous use of a specific method from the date of starting to the date of stopping the method. If more than one method was used simultaneously, the most effective method was recorded. If a method used in January 1994 (the first month of the contraceptive calendar) was started before that date, the interval of method-use was calculated from the initiation of continuous use prior to January 1994..

Overall, contraceptive failure was much lower in 1999 (18%) than in 1993 (26%), owing mostly to lower failure rates among users of modern methods. Not only did the relative use of modern methods increase over time, but perhaps their quality and user's consistency in use also



improved, resulting in an overall lower failure rate for these methods, whereas the failure rate of traditional methods changed little (Figure 8.8).

Among modern methods, condoms showed the largest decrease in the method-failure rate. In 1993, 21% of condom users experienced method failure within the first year of use, a much higher rate than reported in the literature or in other national reproductive health surveys in Eastern Europe (Goldberg et al., 1993; VCIOM and CDC, 1998, 2000; KIIS and CDC, 2000; MACRO International, 1996-2000; Serbanescu et al. 1994, 1998, 2000). The high failure rate in 1993 may have been partially the result of poor quality of supplies, since a third of condom users were obtaining their method from unregulated street vendors (28%) and uncontrolled sources, such as friends and relatives (4%). By 1999, the condom failure rate dropped to 9%, with the majority of users buying most of their condoms from pharmacies and stores and only 2% from street vendors. Increased correctness and consistency of use in the light of recent Information, Education, Communication campaigns (for AIDS prevention as well as pregnancy prevention) may have also contributed to lower failure rates.

TABLE 8.8.2
Contraceptive Discontinuation Rates After One Year By Main Reason For Stopping Use
For Selected Methods of Contraception
All Segments of Contraceptive Use Initiated Since January 1994
Reproductive Health Survey: Romania, 1999

<u>Reason For Discontinuing Contraception*</u>	<u>All Methods</u>	<u>Contraceptive Method</u>				
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Rhythm Method</u>	<u>Withdrawal</u>
Total†	51.1	9.4	46.8	58.7	52.3	49.9
Method Failure (Became Pregnant Using)	18.2	1.5	4.0	8.5	29.4	26.2
Switch to Other Method	13.3	0.0	2.1	21.8	13.6	13.5
Partner Related Reasons	8.8	0.9	4.9	16.3	7.4	8.6
Doctor's Advice	4.7	0.4	13.2	3.7	0.8	1.8
Desire to Become Pregnant	4.5	0.0	3.5	6.1	3.2	5.1
Side Effects	4.4	5.8	19.0	0.6	0.0	0.0
Other Reasons	4.4	0.5	4.6	6.5	8.5	2.5
No. of Segments	8,127	433	1,248	1,645	607	3,530

* gross discontinuation rates
† net discontinuation rates

Although the overall and method-specific failure rates (excluding users of non-supplied methods) were within expected levels, the survey data showed high discontinuation rates. Overall, about half of women discontinued their method at one year, two-thirds at two years, and three-fourths after three years of use. Over one half of discontinuations were caused by reasons other than method failure (method failures accounted for $18/51 \times 100 = 36\%$ of discontinuations after one year), an improvement since 1993. Although the discontinuation rates were slightly lower in 1993 than 1998 (39% vs. 51%), method-failure represented two-thirds of the reasons for discontinuation (data not shown).

Of the five methods shown in [Table 8.8.1](#), the IUD was the only one with a low discontinuation rate at one year (9%), but more than twice as many IUD users stopped using the method at three years (23%). However, only 16% of IUD users discontinued to use the method because the method failed. By contrast, almost a half (47%) of pill users discontinued their method after the first year, despite its low failure rate. Less than one in four women (22%) continued to use

the pill after three years. Condom discontinuation showed a similar pattern: less than one in two women used the condom for more than one year, and less than one in five used it for more than three years. For all three modern methods, method failure played a minor role in the women's decisions to stop using the method after one year, accounting for 24% of reported reasons to discontinue IUD use, 9% of reported reasons to discontinue pill use, and 15% of reasons to discontinue condom use. Conversely, for withdrawal and the calendar (rhythm) method, which were associated with very high discontinuation rates at one (50%-52%), two (69%-71%), and three years (77%-79%), method failure accounted for more than a half of discontinuation reasons.

Desire to switch to another method of contraception and partner-related reasons (e.g., opposition to use or separation/absence of partner) were, after method failure, the most cited discontinuation reasons (13% and 9%, respectively), accounting for 25% and 18% of the reasons for discontinuation ([Table 8.8.2](#)). Contraceptive medical advice (5%), desire to become pregnant (5%), and health concerns and experience of side effects (4%), were other frequent cited reasons to discontinue contraceptive use. While method failure played a lesser role in discontinuing contraception in 1999 than in 1993 (50% vs. 66%) desire to switch to another method almost tripled (from 10% to 25%), explaining, together with partner-related reasons, the overall discontinuation rate documented in 1999.

The IUD discontinuation rate in the first year of use, the lowest among all contraceptive methods, was heavily influenced by side effects associated with method use. More than half of IUD users discontinued for this reason, and only 16% discontinued because they got pregnant while using the method. Side effects was also the principal reason for discontinuing pill use— 40% of women who stopped using the pill did so because of side effects. In addition, 28% were counseled by a doctor to stop using the pill, 10% stopped the pill because partner related reasons and 7% because they desired to get pregnant. More than a third (36%) of women whose partners were using condoms discontinued use because their desire to start another contraceptive method, and 28% for partner-related reasons. Method failure, desire to get pregnant, and doctor's advice accounted for most of the other reasons. Method failure was by far the most important reason in discontinuation of withdrawal and the calendar (rhythm) method. The second most important reason, for both traditional methods, was the desire to use another contraceptive method, presumably a modern method. Partner-related reasons and desire to resume childbearing were other important reasons to discontinue these methods.

CHAPTER IX

NEED FOR CONTRACEPTIVE SERVICES

9.1 Potential Demand and Unmet Need for Contraception

A standard approach to assess the potential demand for family planning services, other than analysis of contraceptive behaviors among women in union, is to define the contraceptive needs of women in relation to their fecundity and stated reproductive preferences, regardless of marital status. The total potential demand for contraception is generally defined as the sum of current contraceptive use (met need) and the additional contraceptive use that would be required to eliminate the risk of unwanted or mistimed births (unmet need). The conventional definition of unmet need includes women currently married or in consensual unions who are currently sexually active (within the past month), currently exposed to the risk of pregnancy (women not sexually active, currently pregnant women, women in postpartum abstinence or amenorrhea are excluded), fecund (neither they nor their partners have any subfecundity conditions), not wanting to become pregnant (at the time of the interview), and not using any form of pregnancy prevention (Bongaarts J., 1991). Essentially, the unmet need for contraception is a very specific tool that measures the gap between desired fertility and contraceptive practices adopted to ensure that fertility preferences are met in a population. In recent years, it has proved to be a worldwide indicator in identifying subgroups that should be targeted by family planning programs, planning program strategies and resources, and evaluating program outcomes.

In this report, the standard formulation of unmet need was extended to all women and all men, rather than just those in union. In calculating unmet need for men, pregnancy status was defined in terms of respondents' female partners and fecundity status was estimated for couples. The 99RRHS asked all women and men questions about their sexual, contraceptive, and reproductive behaviors, and about their fertility preferences, allowing for a broader examination of unmet need among unmarried respondents, since a sizable proportion of them may have been sexually active and at risk of unintended pregnancy. The level of unmet need is likely to be higher among married respondents, since they are more likely to be currently sexually active and generally have a higher risk of unintended pregnancy and a higher potential demand for family planning methods. However, by excluding unmarried respondents, some of them with special family planning needs (e.g. adolescents), the real number of women and men with unmet need in a population may be underestimated and may weaken the indicator's value for programmatic purposes. The validity of this approach is somewhat diminished in countries with strong traditions that emphasize premarital

chastity because unmarried respondents, especially women, may underreport premarital sexual activity, thereby lowering the true level of family planning needs.

In addition to the unmet need for any family planning, the 99RRHS estimated the unmet need for modern contraception—an indicator used in the 93RRHS and other Eastern European surveys that expanded the standard definition to include users of non-supplied methods in the category of unmet need. In countries with high use of non-supplied methods (i.e., withdrawal, periodic abstinence, and traditional/folk methods), the standard definition of unmet need masks the real need for more effective contraception because these methods tend to have high failure rates (see Chapter VIII). For these countries it is more useful to estimate the unmet need for modern contraception, despite the small risk of overstating the unmet need in some cases when traditional methods are used effectively. For international comparisons, however, both indicators are shown for all women and men, regardless of marital status. Among all countries in Central and Eastern Europe where population-based reproductive health or fertility surveys have been recently conducted, Romania and Russia have the third highest unmet need for modern contraception (both 29%), after Ukraine and Bulgaria. Unmet need for a modern method among all women, estimated by the Fertility and Family Surveys project, ranges from 12% in Hungary, to 15% in the Czech Republic, 17% in Latvia, 19% in Slovenia, 23% in Lithuania, and 36% in Bulgaria (Klijzing E., 2000). CDC assisted Reproductive Health Surveys (RHS) have found the unmet need for modern methods to be 23% in Moldova, 26% in Georgia, 25%-29% in Russia, and 35% in Ukraine (Serbanescu et al. 1998, 2000; VCIOM and CDC, 1998, 2000; KIIS and CDC, 2000).

Generally, in Eastern Europe levels of unmet need are slightly higher among men than among women, although it is uncertain if gender differentials in unmet need are behavioral or the result of well-documented variations in reporting of sexual activity. The Fertility and Family surveys in Eastern Europe have found that unmet need among men ranges from 14% in Hungary, to 18% in the Czech Republic, 21% in Latvia, 18% in Slovenia, and 27% in Lithuania. Data from all but one country (Slovenia) suggest that men have a higher estimated unmet need than women do. If these findings are not a reporting artifact, then they may have an important implication in designing future family planning programs and policies to specifically address men's needs (Klijzing E., 2000).

Overall, the 99RRHS found that about one of two women (52%) had a potential demand for contraception (defined according to the conventional definition), including 23% of current users of modern methods, 24% of current users of traditional methods, and 5% of non-users at risk of unintended pregnancy ([Table 9.1.1 A](#)). As shown in [Table 9.1.1B](#), the proportion of men representing the potential demand for family planning services was higher than that of women (63% vs. 52%), partly because a smaller proportion of men than women reported that they never had intercourse (10% vs. 18%). In addition, a greater proportion of men than women had an unmet need for a modern method of contraception (34% vs. 29%), which was partly because a higher proportion

of men than women reported that they (or their partner) were not using any contraceptive method (7% vs. 5%) and because a greater proportion of unmarried men than women reported current sexual activity. According to the most recent census data, these figures translate into an estimate of 2.6 million women aged 15-44 years with a potential demand for family planning services. Because fewer than half of these women are using a modern contraceptive method, 1.4 million remain at risk of an unintended pregnancy because they do not use any method or they use traditional methods (i.e., have an unmet need for modern contraception). Similarly, 3.7 million men aged 15-49 have a potential demand for contraception, including 2.4 million with unmet need for effective contraception.

For both women and men the potential demand for family planning methods was much higher among those who are currently married or in consensual unions (68% of women and 70% of men) (Figure 9.1.1). However, a large proportion of those who were formerly married (24% and 52%) and never married (21% and 33%) also had potential demand for family planning services. The unmet need for more effective contraception was also higher among both women and men in union (39% and 44%), than among previously married or never-married women and men.

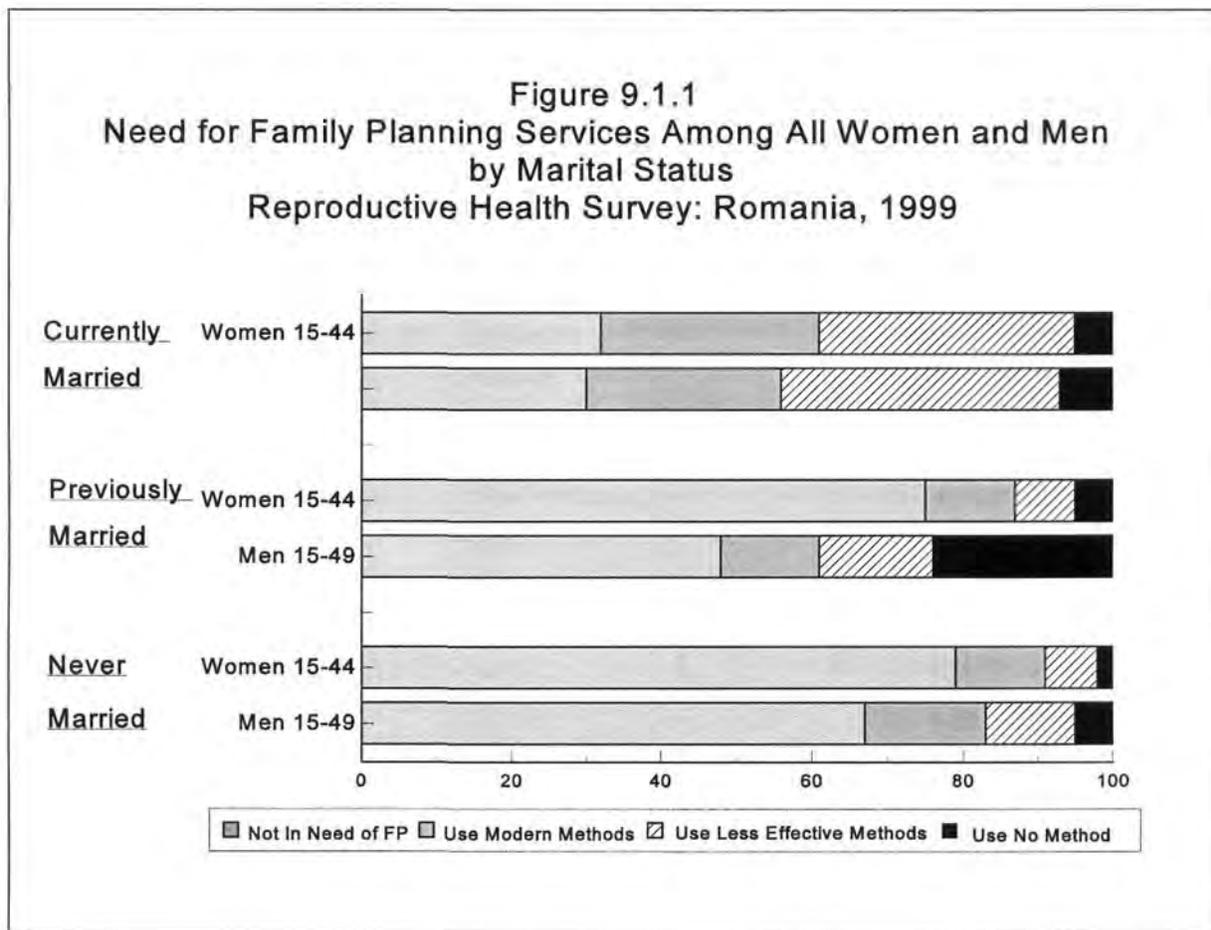


TABLE 9.1.1A
Need For Family-Planning (FP) Services Among Women Aged 15-44 Years
by Marital Status
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Need For FP Services</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Married/ In Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Women Not Currently in Need of FP Services</u>	<u>48.2</u>	<u>31.8</u>	<u>76.0</u>	<u>78.8</u>
Never Had Sexual Intercourse	18.3	0.0	0.0	64.2
Not Currently Sexually Active*	11.7	5.7	60.8	13.4
Currently Pregnant or Postpartum	3.7	5.5	1.5	0.1
Seeking to Get Pregnant†	3.4	4.7	3.0	0.5
Infecund, Subfecund‡	11.1	15.9	10.7	0.6
<u>Potential Demand For Family-Planning Services</u>	<u>51.8</u>	<u>68.2</u>	<u>24.0</u>	<u>21.2</u>
Current Users of a Modern Contraceptive Method	23.1	29.0	12.1	12.3
Current Users of a Traditional Contraceptive Method	24.2	33.6	7.5	7.0
Nonusers at Risk of Unintended Pregnancy	4.5	5.6	4.4	1.9
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unmet Need For A Modern Contraceptive Method §</u>	<u>28.7</u>	<u>39.2</u>	<u>11.9</u>	<u>8.9</u>
<u>Unweighted No. of Cases</u>	<u>6,888</u>	<u>4,846</u>	<u>476</u>	<u>1,566</u>

* Within the past month.

† Want to get pregnant right away; includes 73 respondents who answered "when God wants."

‡ Sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, infertile partners, and menopause.

§ Includes nonusers at risk of unintended pregnancy and current users of traditional contraceptive methods.

TABLE 9.1.1B
Need For Family-Planning (FP) Services Among Men Aged 15–49 Years
by Marital Status
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Need For FP Services</u>	<u>Marital Status</u>			
	<u>Total</u>	<u>Married/ in Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Men Not Currently in Need of FP Services</u>	<u>44.1</u>	<u>29.8</u>	<u>48.2</u>	<u>67.0</u>
Never Had Sexual Intercourse	9.9	0.0	0.0	27.0
Not Currently Sexually Active*	16.6	3.4	32.9	36.6
Partner Currently Pregnant or Postpartum	2.9	4.5	0.0	0.4
Seeking To Get Partner Pregnant [†]	6.2	8.0	12.0	2.7
Respondent Or Partner Infertile / Subfecund [‡]	8.5	13.9	3.3	0.3
<u>Potential Demand For Family Planning Services</u>	<u>55.9</u>	<u>70.1</u>	<u>51.8</u>	<u>33.0</u>
Current Users of a Modern Contraceptive Method	21.8	26.0	13.4	15.9
Current Users of a Traditional Contraceptive Method	27.1	37.1	14.7	11.8
Unmet Need For Any Contraceptive Method	7.0	7.0	23.7	5.3
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unmet Need For A Modern Contraceptive Method[§]</u>	<u>34.1</u>	<u>44.1</u>	<u>38.4</u>	<u>17.1</u>
<u>Unweighted No. of Cases</u>	<u>2,434</u>	<u>1,595</u>	<u>95</u>	<u>744</u>

* Within the past month.

† Want to get partner pregnant right away; includes 47 respondents who answered "when God wants."

‡ Infertile men and men whose partners had sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, or are menopausal.

§ Include nonusers at risk of unintended pregnancy and current users of traditional contraceptive methods.

Tables 9.1.2A and 9.1.2B and Figure 9.1.2 show that the potential demand for contraception increases with age, from 33% among 15-24-year-old women to 66% and 59%, among women aged 25-34 and 35-44 years, with similar increases among men (32% vs. 68% and 67%). Although the unmet need among men for any method (conventional definition), increased with age (from 5% to 9%), this percentage was not much influenced by age among women (from 4% to 5%). This was because many women in their forties reportedly became subfecund and thus no longer needed contraception. The higher unmet need among older men (35-49 years) than among older women (35-44 years) may have been due to men's underreporting of their partners' subfecundity problems (see Chapter IV): 8% and 27% of men aged 35-39 and 40-49 years reported partner's subfecundity, whereas 21% and 36% of older women said they could not get pregnant because they are infertile or subfecund. Another explanation may involve inherent differences between men and women in reporting contraceptive use: women may underreport methods which require male participation (e.g., withdrawal, periodic abstinence, and condom) while men may overreport contraceptive use (through reports of extramarital use of male-controlled methods).

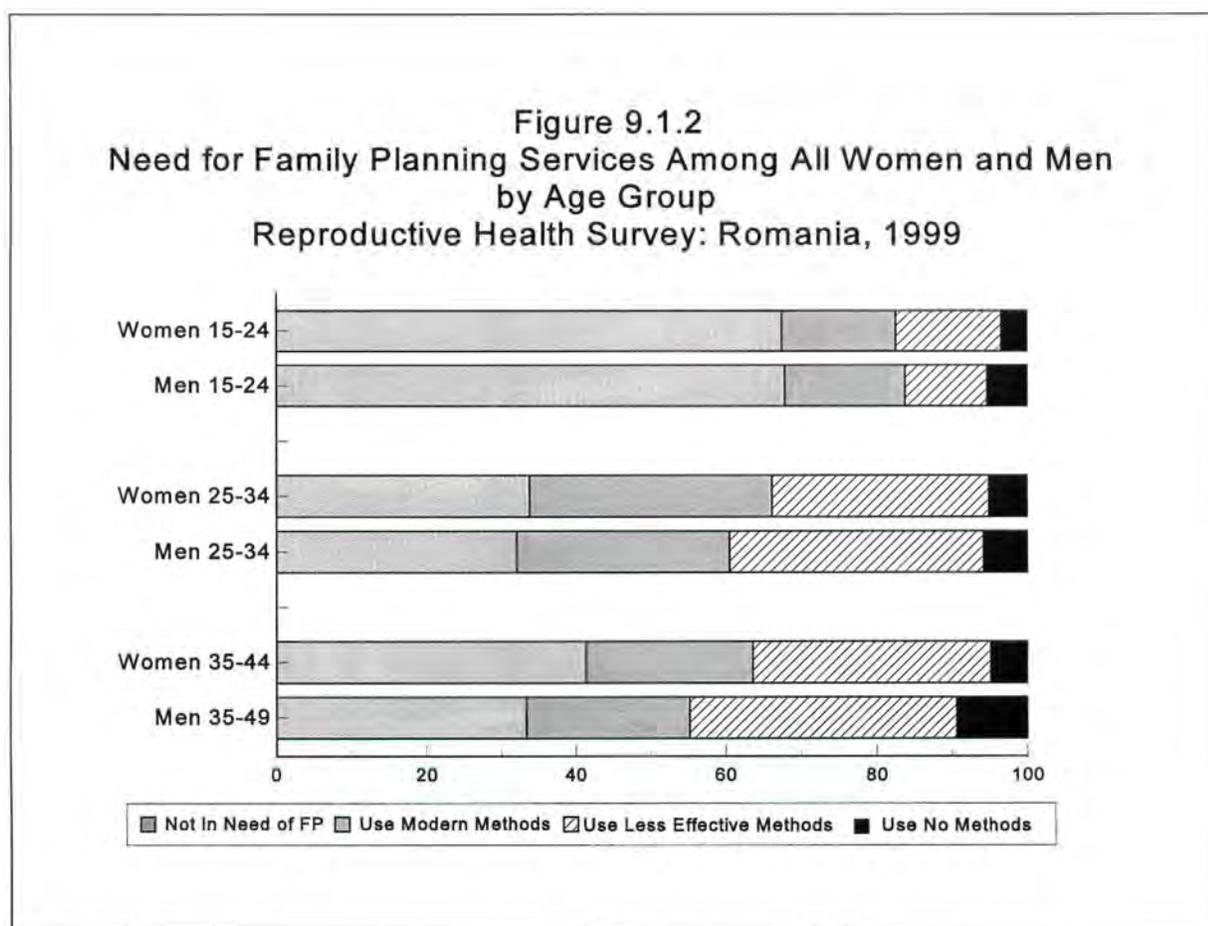


TABLE 9.1.2A
Potential Demand For Family-Planning (FP) Services by Age Group
Women Aged 15–44 Years
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Need For FP Services</u>	<u>Total</u>	<u>Age Group</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–44</u>
<u>Women Not Currently in Need of FP Services</u>	<u>48.2</u>	<u>67.5</u>	<u>33.8</u>	<u>41.4</u>
Never Had Sexual Intercourse	18.3	46.6	3.6	0.7
Not Currently Sexually Active*	11.7	11.9	11.0	12.3
Currently Pregnant or Postpartum	3.7	4.8	5.6	0.3
Seeking to Get Pregnant†	3.4	3.0	5.6	1.3
Infecund, Subfecund‡	11.1	1.2	8.0	26.8
<u>Potential Demand For Family-Planning Services</u>	<u>51.8</u>	<u>32.5</u>	<u>66.2</u>	<u>58.6</u>
Current Users of a Modern Contraceptive Method	23.1	15.1	32.4	22.2
Current Users of a Traditional Contraceptive Method	24.2	14.0	28.7	31.5
Nonusers at Risk of Unintended Pregnancy	4.5	3.5	5.1	4.9
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unmet Need For A Modern Contraceptive Method§</u>	<u>28.7</u>	<u>17.4</u>	<u>33.6</u>	<u>37.0</u>
<u>Unweighted No. of Cases</u>	<u>6,888</u>	<u>2,163</u>	<u>2,678</u>	<u>2,047</u>

* Within the past month.

† Want to get pregnant right away; includes 73 respondents who answered “when God wants.”

‡ Sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, infertile partners, and menopause.

§ Includes nonusers at risk of unintended pregnancy and current users of traditional contraceptive methods.

TABLE 9.1.2B
Potential Demand For Family-Planning (FP) Services by Age Group
Men Aged 15–49 Years
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Need For FP Services</u>	<u>Total</u>	<u>Age Group</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–49</u>
<u>Men Not Currently in Need of FP Services</u>	<u>44.1</u>	<u>67.9</u>	<u>32.1</u>	<u>33.4</u>
Never Had Sexual Intercourse	9.9	29.0	1.7	0.1
Not Currently Sexually Active*	16.6	32.9	12.0	6.5
Partner Currently Pregnant or Postpartum	2.9	3.2	4.6	1.3
Seeking to Get Partner Pregnant†	6.2	2.8	10.5	5.9
Respondent Or Partner Infertile / Subfecund‡	8.5	0.0	3.3	19.6
<u>Potential Demand For Family-Planning Services</u>	<u>55.9</u>	<u>32.2</u>	<u>67.8</u>	<u>66.6</u>
Current Users of a Modern Contraceptive Method	21.8	15.9	28.4	21.8
Current Users of a Traditional Contraceptive Method	27.1	10.9	33.7	35.4
Unmet Need For Any Contraceptive Method	7.0	5.4	5.7	9.4
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unmet Need For A Modern Contraceptive Method§</u>	<u>34.1</u>	<u>16.3</u>	<u>39.4</u>	<u>44.8</u>
<u>Unweighted No. of Cases</u>	<u>2,434</u>	<u>631</u>	<u>775</u>	<u>1,028</u>

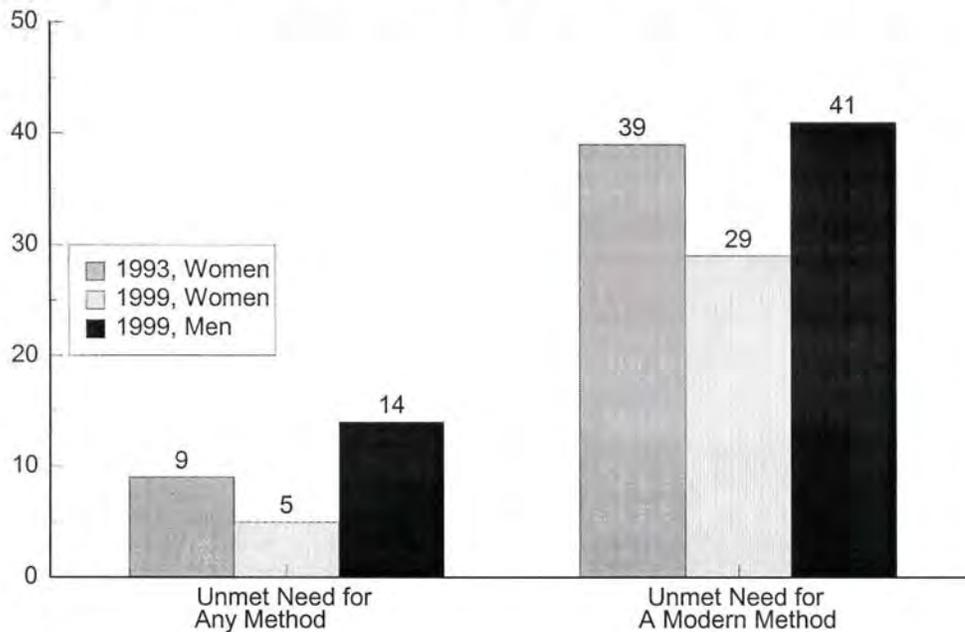
* Within the past month.

† Want to get partner pregnant right away; includes 47 respondents who answered “when God wants.”

‡ Infertile men and men whose partners had sterilization surgery for noncontraceptive reasons, medical conditions that preclude pregnancy, or are menopausal.

§ Include nonusers at risk of unintended pregnancy and current users of traditional contraceptive methods.

Figure 9.1.3
 Unmet Need for Any Method and for A Modern Method
 Among Women and Men
 Reproductive Health Survey: Romania, 1993 and 1999



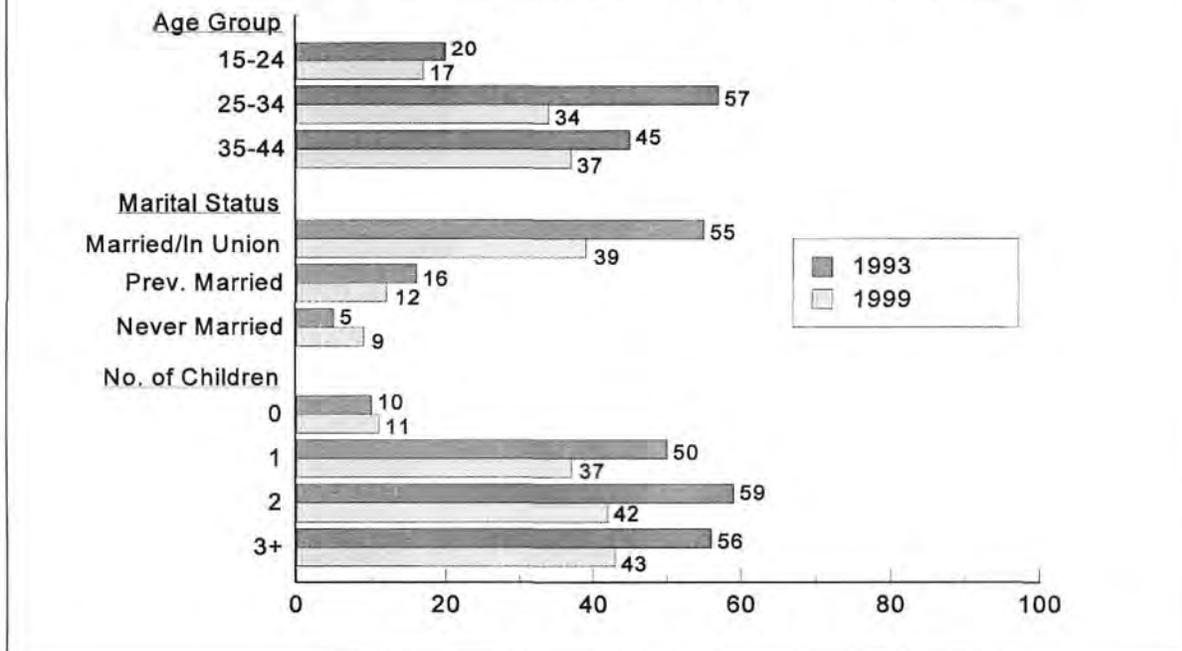
[Table 9.1.3A](#) and [Figures 9.1.3](#) and [9.1.4](#) present comparative data on women in need by selected characteristics from both the 1993 and the 1999 surveys. Both definitions were used to define proportions of women in need of family-planning services, but we concentrate only on the need for any or more effective contraception. Probably because of the increased use of contraceptive methods, but particularly because of a higher prevalence of modern methods, the percentage of women in need for any or for modern contraceptives decreased from 1993 to 1999 regardless of their background characteristics, except for 15-24-year-olds, unmarried women, and women with no living children.

Overall, only 43% of all women and 45% of married women in 1999 had met their need for modern contraception in 1999. Although the level of unmet need was 26% lower in 1999 than in 1993 (29% vs. 39%), some subgroups continued to exhibit higher levels of contraceptive unmet need than others (i.e., rural women, older women, women in legal or consensual unions, women with at least one child, women with primary and secondary education, and women with low SES).

TABLE 9.1.3A
Unmet Need of Any Contraceptive Method and Unmet Need of A Modern Method
Among Women 15–44 Years by Selected Characteristics
Reproductive Health Surveys: Romania, 1993 and 1999

Characteristic	1993			1999		
	Need of Any Method	Need of a Modern Method	No. of Cases	Need of Any Method	Need of a Modern Method	No. of Cases
Total	8.5	39.1	4,861	4.5	28.7	6,888
Residence						
Urban	8.6	37.8	3,191	4.2	26.2	3,906
Rural	10.6	42.3	1,670	4.9	33.1	2,982
Region						
Bucharest	9.9	34.4	1,081	7.7	25.4	534
Vallahia	9.3	38.6	1,533	5.4	28.1	2,537
Transylvania	5.7	40.3	1,383	2.5	31.0	2,328
Moldova	10.4	39.8	864	4.5	27.6	1,489
Age Group						
15–24	5.8	20.4	1,641	3.4	17.4	2,163
25–34	11.4	56.9	1,634	4.8	33.6	2,678
35–44	9.1	45.4	1,586	5.5	36.9	2,047
Marital Status						
Married/In Union	11.4	54.8	3,542	5.7	39.3	4,846
Previously Married	6.8	15.7	277	4.7	12.1	476
Never Married	1.6	5.2	1,042	1.8	8.8	1,566
No. of Living Children						
0	2.9	10.4	1,532	2.6	10.7	2,330
1	8.3	49.7	1,205	4.5	37.4	1,927
2	9.0	58.7	1,388	5.4	41.9	1,844
3+	18.1	55.7	735	9.2	43.0	787
Education Level						
Primary	13.0	43.2	1,152	7.9	34.1	1,210
Secondary Incomplete	7.4	35.3	1,453	4.7	30.4	2,524
Secondary Complete	7.1	39.2	1,604	3.8	30.4	2,087
Postsecondary	4.7	37.9	652	1.9	16.8	1,067
Socio-economic Status						
Low	11.4	41.0	1,558	6.3	34.5	2,382
Middle	7.2	39.8	2,667	3.7	28.4	3,076
High	5.9	28.7	636	3.6	21.8	1,430

Figure 9.1.4
Unmet Need for A Modern Method
Among Women Aged 15-44
Reproductive Health Survey: Romania, 1993 and 1999



Similarly, only 37% of men currently in union and 39% of all men had their demand for effective contraception met in 1999. Unmet need for effective contraception was significantly higher among currently (44%) and previously married men (24%) than among never married men (5%), among men aged 35 years or older (9%) than younger men (5%-6%), and among those with at least two children (9%-11%) than childless or one-child men (6%-7%) ([Table 9.1.3B](#)).

9.2 Potential Demand For Family Planning Services According to Fertility Preferences

In addition to measuring the potential demand for family planning services, the survey allows for estimates of met and unmet need according to respondents' fertility preferences. Among respondents with potential demand for any contraception (standard definition) and for a modern method (expanded definition), non-users who do not want to get pregnant right away but want to have children sometime in the future (including those undecided whether to have children or not), were classified as having unmet need for *spacing* births. Respondents who do not want (any) more children but were not doing anything to prevent pregnancy (or were using less effective methods)

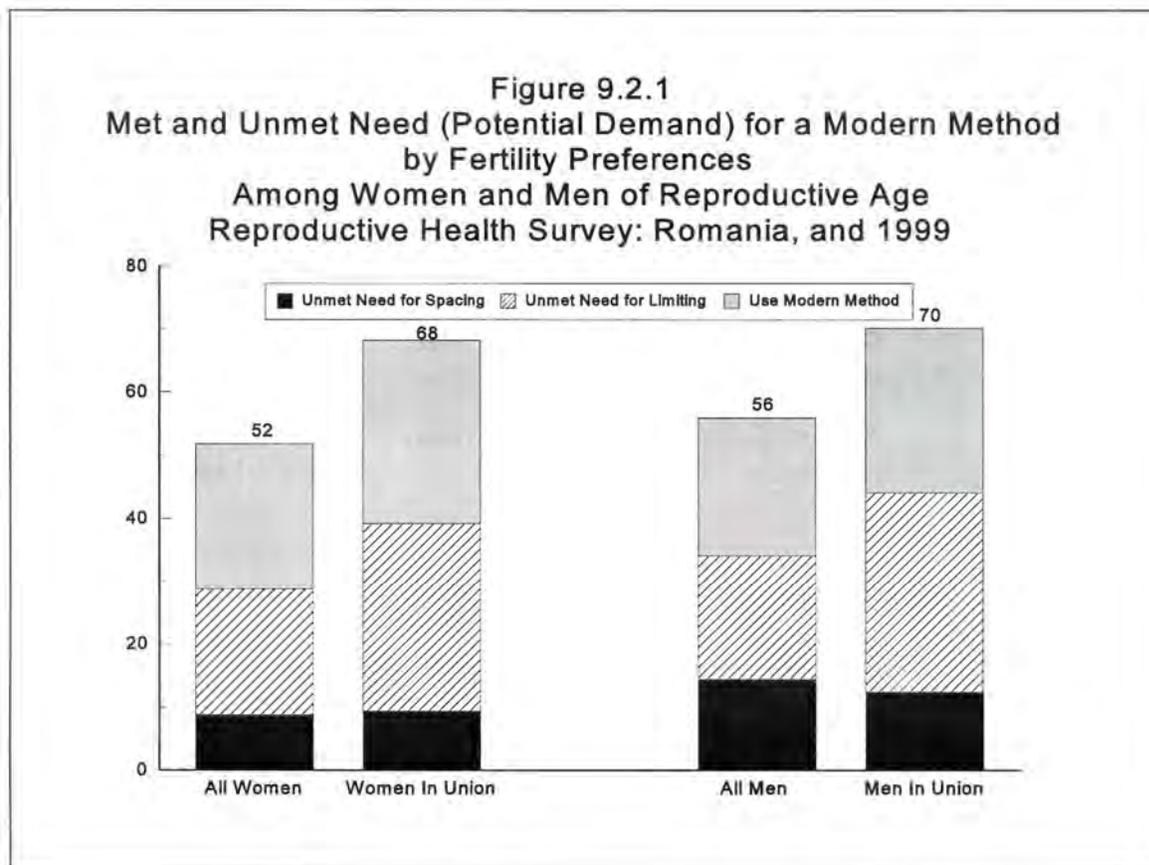
TABLE 9.1.3B
Unmet Need of Any Contraceptive Method and Unmet Need of A Modern Method
Among Men 15–49 Years of Age by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Need of Any Method</u>	<u>Need of a Modern Method</u>	<u>No. of Cases</u>
Total	7.0	34.1	2,434
<u>Residence</u>			
Urban	7.3	33.8	1,346
Rural	6.7	34.5	1,088
<u>Region</u>			
Bucharest	13.3	31.6	223
Vallahia	6.9	37.6	839
Transylvania	6.1	32.7	940
Moldova	5.5	31.4	432
<u>Age Group</u>			
15–24	5.4	16.3	631
25–34	5.7	39.4	775
35–49	9.4	44.8	1,028
<u>Marital Status</u>			
Married, In Union	7.0	44.2	1,595
Previously Married	23.7	38.5	95
Never Married	5.3	17.2	744
<u>No. of Living Children</u>			
0	5.8	18.4	1,000
1	6.6	43.1	608
2	8.5	49.9	607
3+	11.1	52.5	219
<u>Education Level</u>			
Primary	8.2	26.6	324
Secondary Incomplete	7.5	34.2	1,115
Secondary Complete	6.0	38.7	578
Postsecondary	6.1	33.8	417
<u>Socio-economic Status</u>			
Low	8.2	33.6	693
Middle	6.8	36.3	1,130
High	6.4	31.7	611

TABLE 9.2.1
Potential Demand For Family Planning Services
Among Women and Men of Reproductive Age
by Fertility Preferences
Reproductive Health Survey: Romania, 1999

	Women				Men			
	All Women		Women In Union		All Men		Men In Union	
	Any Method	Modern Method	Any Method	Modern Method	Any Method	Modern Method	Any Method	Modern Method
<u>Met Need For FP</u>								
For Spacing	16.0	9.0	15.9	8.3	22.1	11.6	19.2	9.0
For Limiting	31.3	14.1	46.7	20.7	26.7	10.2	43.9	17.0
Total	47.3	23.1	62.6	29.0	48.9	21.8	63.1	26.0
<u>Unmet Need For Family Planning</u>								
For Spacing	1.8	8.8	1.7	9.4	3.8	14.4	2.2	12.4
For Limiting	2.7	19.9	3.9	29.8	3.2	19.7	4.8	31.7
Total	4.5	28.7	5.6	39.2	7.0	34.1	7.0	44.1
<u>Total Demand For Family Planning</u>								
For Spacing	17.8	17.8	17.6	17.6	25.9	25.9	21.4	21.4
For Limiting	34.0	34.0	50.6	50.6	29.9	29.9	48.7	48.7
Total	51.8	51.8	68.2	68.2	55.9	55.9	70.1	70.1
<u>Proportion of Demand Satisfied</u>								
For Spacing	89.9	50.6	90.3	47.2	85.3	44.8	89.7	42.1
For Limiting	92.0	41.5	92.3	40.1	89.9	34.1	90.1	34.9
Total	91.3	44.6	91.8	42.5	87.5	39.0	90.0	37.1
<u>No. of Cases</u>	6,888	6,888	4,486	4,486	2,434	2,434	1,595	1,595

had an unmet need for *limiting* births. Similarly, met need (users of any methods or modern methods) could also be classified as met need for spacing and met need for limiting births ([Table 9.2.1](#) and [Figure 9.2.1](#)).



Generally, both met and unmet need for limiting were higher than met and unmet need for spacing, among either women or men. Among women and men currently in union, contraceptive use for limiting was nearly three times more prevalent than use for spacing. Similarly, the unmet need for limiting is almost three times higher than the unmet need for spacing, concordant with the low ideal family size and fertility patterns in Romania—where couples begin childbearing shortly after marriage and reach their desired number of children soon after that. However, owing to the low use of long-term and permanent contraceptive methods, unmet need for limiting exceeded the met need. Only 40%-41% of women and 34%-35% of men reported that their need to limit childbearing through using modern methods had been satisfied ([Table 9.2.1](#) and [Figure 9.2.1](#)), despite the recent significant increase in use of modern methods (see Chapter VIII).

Although the modern contraceptive demand for spacing among married couples was much lower than that for limiting (18% vs. 50% for women and 21% vs. 49% for men), it was more likely to be satisfied than the demand for limiting (47% vs. 40% for women and 42% vs. 35% for men) presumably because more spacers (who tended to be young, better educated, and have one child or none) than limiters (who were mostly older women, women with less than secondary complete education, and those with two or more children) were more likely to take action toward achieving their fertility goals.

The distinction between potential demand for spacing and limiting has important programmatic implications for family planning services and programs that aim at increasing contraceptive use. One reason is the different array of methods required by couples who need contraception for spacing (temporary methods) compared with those who need contraception for limiting births (long-term or permanent methods). Another reason is their different demographic characteristics: spacers tended to be younger, childless or with one child, and better educated than limiters, who were typically 30 years of age and older with two or more children (data not shown). Finally, the motivation for not using contraception was different among potential spacers and potential limiters. For example, among women with unmet need for spacing, the main reason for not using contraception was their intention to get pregnant at some point in the future (36%) whereas among women with unmet need for limiting birth, the major barrier to contraceptive use was the belief that they were not at risk of getting pregnant (42%) (Figure 9.2.2). Negligence was the second major reason for both subgroups, but much more so for potential limiters (22% vs. 12%). Personal or partner opposition to family planning was the third reason (12% of potential spacers and 9% of potential limiters), whereas lack of information was mentioned by less than 10% but more often by potential limiters than by potential spacers (8% vs. 3%).

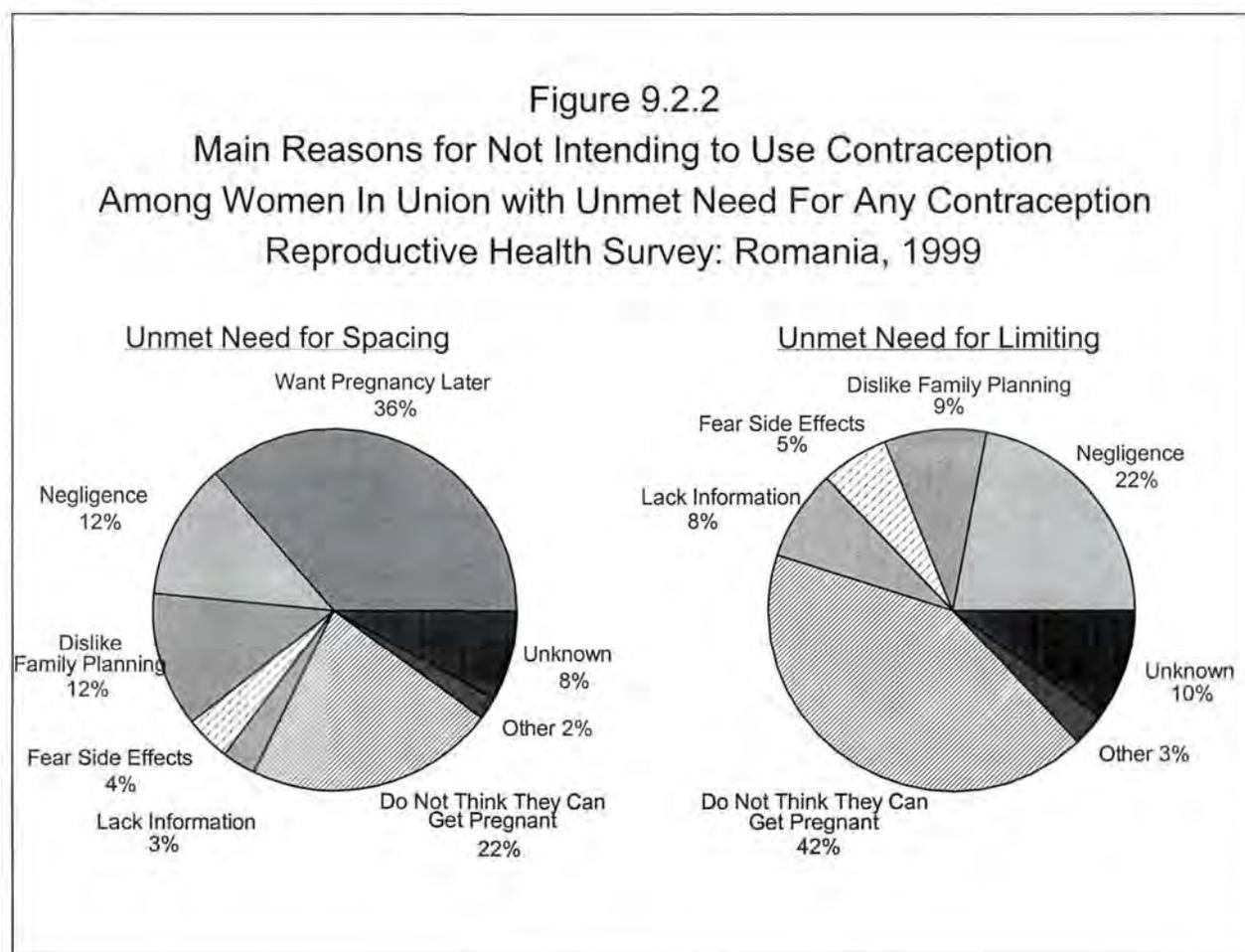
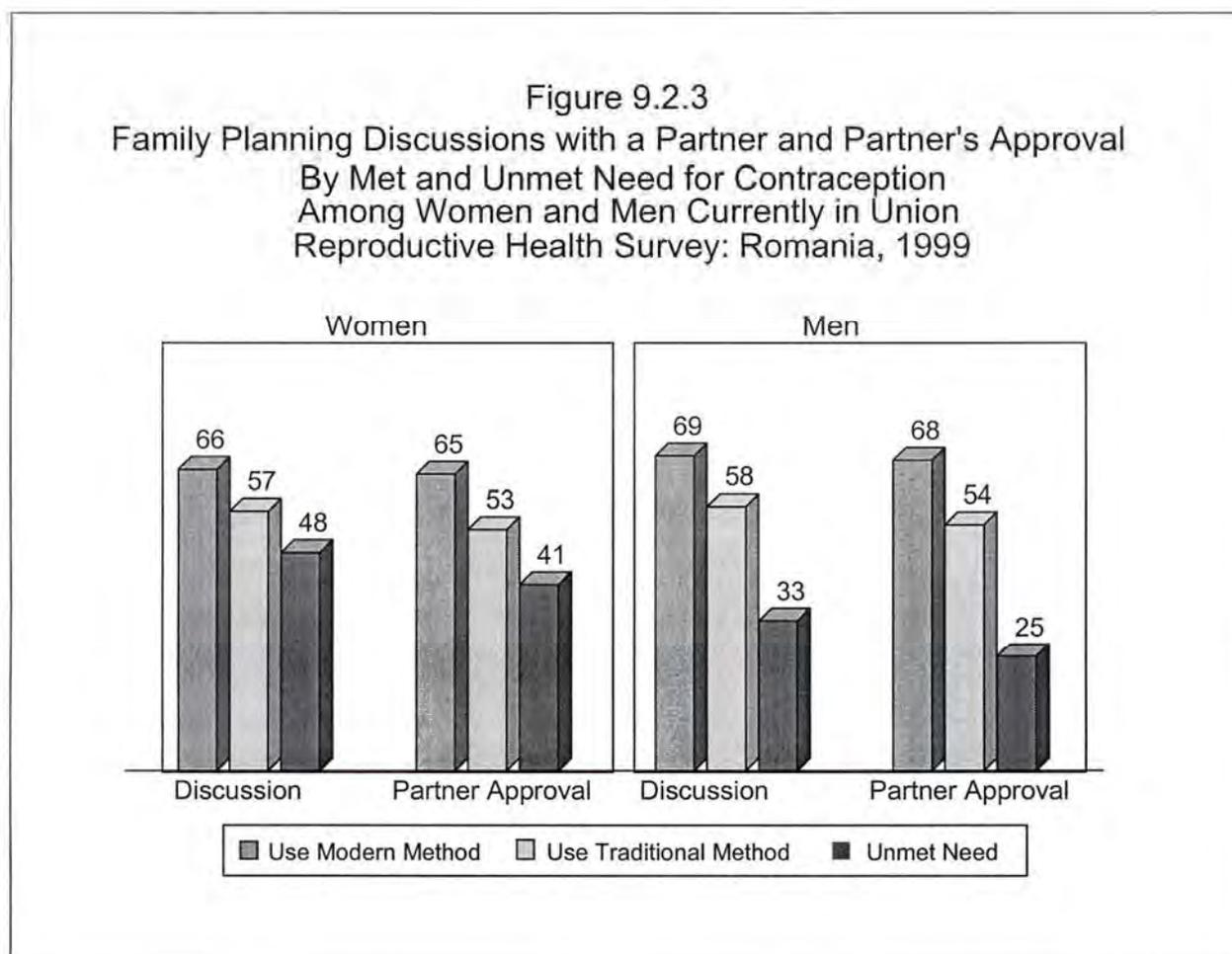


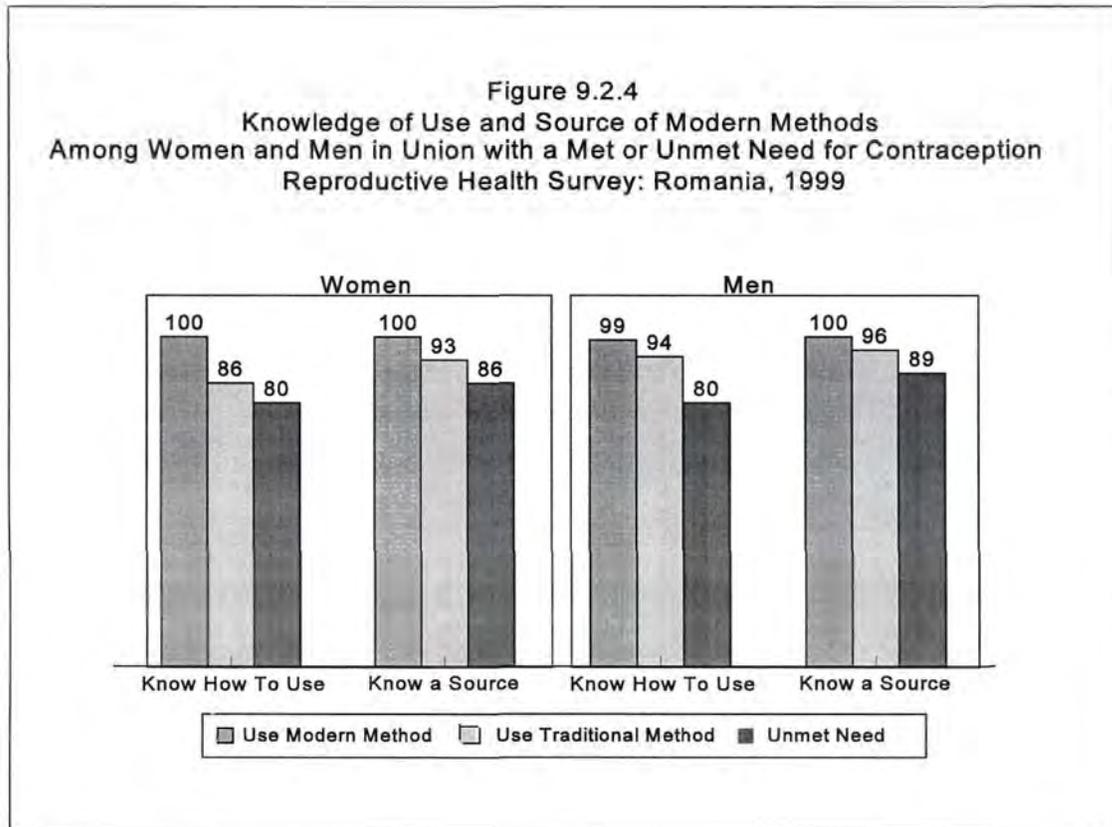
TABLE 9.2.2
Unmet Need For Any Contraception and Unmet Need For A Modern Method
According to Selected Contraceptive Knowledge, Attitudes and Behaviors
Among Women and Men Currently in Union
(Percent Distribution)
Reproductive Health Survey: Romania, 1999

	Women		Men	
	Any Method	Modern Method	Any Method	Modern Method
<u>Use of Modern Method</u>				
Past Use Excepting Current Use	58.0	55.5	56.3	43.8
Never Used	42.0	44.5	43.7	56.2
<u>Intention to Use a Modern Method</u>				
Within 12 Months	27.7	4.0	8.7	1.4
Later	10.8	1.6	5.6	0.9
Undecided	15.5	2.2	18.1	2.9
None	46.0	92.3	67.6	94.8
<u>Discussion of Family Planning with Partner</u>				
Within Past Year	48.4	55.7	32.8	53.5
Not Within Past Year	51.6	44.3	67.2	46.5
<u>Partner's Approval of Family Planning</u>				
Approves	41.1	51.2	24.7	50.0
Disapproves	7.3	4.5	8.0	3.5
Did not Discuss with Partner	51.6	44.3	67.2	46.5
<u>Know How to Use a Modern Method</u>				
Knows at Least One Method	79.5	85.1	80.2	91.3
Does not Know Any Modern Method	20.5	14.9	19.8	8.7
<u>Know Source For a Modern Method</u>				
Knows at Least One Source	86.2	91.8	89.3	95.1
Does not Know Any Source	13.8	8.2	10.7	4.9
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	272	1918	114	694

Almost half of women and men currently in union with unmet need had never used a modern contraceptive method (42% and 44%) (Table 9.2.2), including 32% and 25%, respectively, who had never used any methods (data not shown). Furthermore, only 28% of women and 9% of men with unmet need of any contraception wanted to start using a modern method within the next 12 months. This proportion increased slightly when they were asked if they would use any method; 39% of women and 17% of men said that they intend to use any contraception within the next 12 months (data not shown). Very few women and men currently in union and in need of modern contraception expressed immediate interest in starting to use a modern method (4% of women and 1% of men); the vast majority of them were using traditional methods and presumably did not want to switch to supplied methods. As shown in Chapter VIII, fear of side effects, partner preference for a traditional method, and lack of information were the most important factors that influenced traditional method users' decision to not use a modern method.

Women and men with unmet need for any contraception were less likely than contraceptive users to report that they were discussing family planning issues with their partners (within the 12





months preceding the interview) and that their partners approved of family planning. Only 48% of women and 33% of men with unmet need had talked to their partners, whereas current users of contraception were much more likely to have had such discussions (57%-66% of women and 58%-69% of men using modern and traditional methods, respectively, had such discussions) (Figure 9.2.3). Moreover, only 41% of women and 25% of men with unmet need reported that their partners approved of family planning.

Respondents with unmet need for contraception also differed from those with met need with respect to their knowledge of use of modern methods and sources for modern methods. Compared with contraceptive users, women and men with unmet need were less likely to know how modern methods were used (Figure 9.2.4). Knowledge of at least one method was universal among users of modern methods but decreased to 80% among women and men currently in union with unmet need for contraception. In addition, nonusers knew an average of less than three modern methods (2.7 among women and 2.2 among men) compared with an average of more than four among modern method users (4.5 among women and 4.0 among men). Traditional method users were more similar to non-users than to modern method users with regard to the average number of methods known. Differences in knowledge of a source for supplied methods were less pronounced among users and non-users.

CHAPTER X

CONTRACEPTIVE COUNSELING

In Romania, most reproductive health services are provided by doctors who traditionally have received little training in providing client-orientated counseling. An important component of the newly developed reproductive health strategy is to develop family planning programs and train health professionals to provide family planning counseling, particularly post-abortion and postpartum counseling. The 99RRHS included a series of questions designed to capture the interactions between family planning providers and their clients. Specifically, the survey asked about the extent to which health professionals provided basic information and services to women who had used a modern contraceptive method or had an abortion or a birth during the five years prior to the interview.

10.1 Communication with Family Planning Providers

Women who had used at least one modern contraceptive method in the previous five years were asked who advised them to use their last modern method. If the advice came from a health care provider (physician, nurse, or midwife), they were asked if they received any information about other methods, including their effectiveness and side effects associated with their use. As shown in [Table 10.1](#), almost one of two women was advised by a health care provider to use her current or last modern method (45% by a physician and 2% by a nurse or midwife). A substantial proportion of women started using their last method at their own counsel (18%) or at their partner's suggestion (16%), bypassing any potential medical advice. In 6% of cases the choice of the method was made at the suggestion of a pharmacist. In the remaining cases, the choice was suggested by a friend (9%) or a relative (5%).

The source of advice varied widely by last method used. Almost all IUD users and women with tubal ligation had chosen their method at the advice of a health care provider (96% and 89%), but only 8% of condom users were advised by a physician or a nurse or a midwife. Most women who had used condoms did so because their partners suggested it (39%) or because they decided to do so themselves. Almost three of four women (70%) were advised by a health care provider to use the pill; the second most important source of advice was a friend (12%). Most spermicide users initiated use at the recommendation of a pharmacist (29%) or a friend (29%).

It is important to know what type of advice these women received from health care providers, as the providers' interactions with their clients and the messages conveyed during these interactions can affect client satisfaction with services, continued use of services in the future, and correct method use. As shown in the bottom panel of [Table 10.1](#), during provider-client interaction only 64% of women received general information about other contraceptive methods. Fewer women (58%) were counseled about the effectiveness of the method they were using compared with other methods. Almost three fourths of women (72%) reported that the provider had explained possible side effects of the method chosen. Condom users were more likely to be counseled about other contraceptive methods and their effectiveness, although the proportion who received medical advice was rather small ([Figure 10.1](#)). Pill users were more likely to make an informed choice, because 76% also received information about other methods, 69% were told about the pill's effectiveness, and 82% received information about possible side effects. IUD users were less likely to receive information about other methods and about contraceptive effectiveness. Women who used spermicides were the least likely to have received any medical advice on any of these topics.

Figure 10.1
Content of Contraceptive Counseling by Specific Method Used
Women Who Have Used a Modern Method Within the Last Five Years
Reproductive Health Survey: Romania, 1999

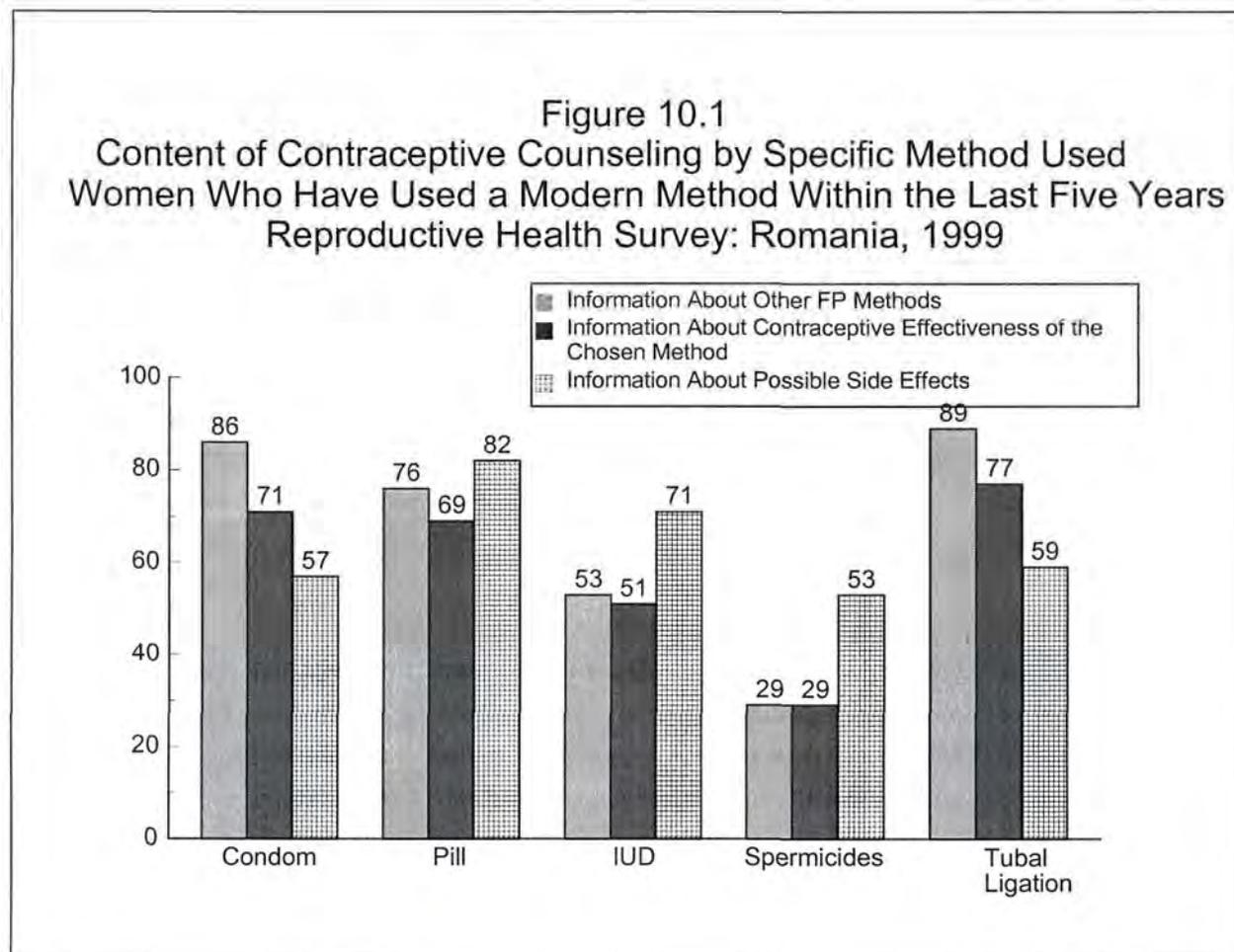


TABLE 5.7
Percent of Women Who Have Used a Modern Contraceptive Method Within the Past Five Years
by Who Advised Them to Use the Method
and Type of Medical Counseling Received
Reproductive Health Survey: Romania, 1999

<u>Advisor</u>	<u>Total*</u>	<u>Last Modern Method Used</u>				
		<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Tubal Ligation</u>
Physician	44.8	6.7	67.0	95.6	14.1	89.0
Nobody	17.7	37.3	4.5	1.5	9.9	8.9
Partner	15.8	39.1	0.5	0.0	2.2	1.0
Friend	9.2	7.7	11.6	1.2	29.3	0.9
Pharmacist	5.9	3.0	6.9	0.4	29.0	0.0
Mother or Other Relative	4.6	4.4	6.4	0.4	11.5	0.2
Nurse/Midwife	1.9	1.3	2.7	1.0	4.0	0.0
Other	0.3	0.5	0.3	0.0	0.1	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	2,188	803	602	409	197	147
<u>Type of Counseling</u>	<u>Total†</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Tubal Ligation</u>
General Information About Other Methods	63.6	86.0	75.9	53.3	29.1	89.1
Information About the Method's Effectiveness	58.4	70.9	69.2	50.8	28.5	76.7
Information About Possible Side Effects	72.0	57.1	81.8	70.8	53.2	58.6
Unweighted No. of Cases	1,064	68	420	399	132	29

* Include 30 women whose last method was other modern method.

† Include only women who were advised by a health professional.

10.2 Satisfaction with Counseling Services

Women who had used a modern method in the past five years were asked about their satisfaction with their service provider. A little over one third (38%) of modern method users were very satisfied and another 46% were satisfied ([Table 10.2](#)). Almost 1 in 10 women was somewhat satisfied (9%) and 4% were dissatisfied. Satisfaction with counseling services at the time of choosing the last modern method varied little by women's background characteristics.

Women who were counseled about other birth control methods at the time of making their contraceptive decision were more likely to be very satisfied than those who did not receive comprehensive counseling (43% vs. 28%). Similarly, counseling about method-specific effectiveness and side effects was associated with higher satisfaction with counseling ([Figure 10.2](#)).

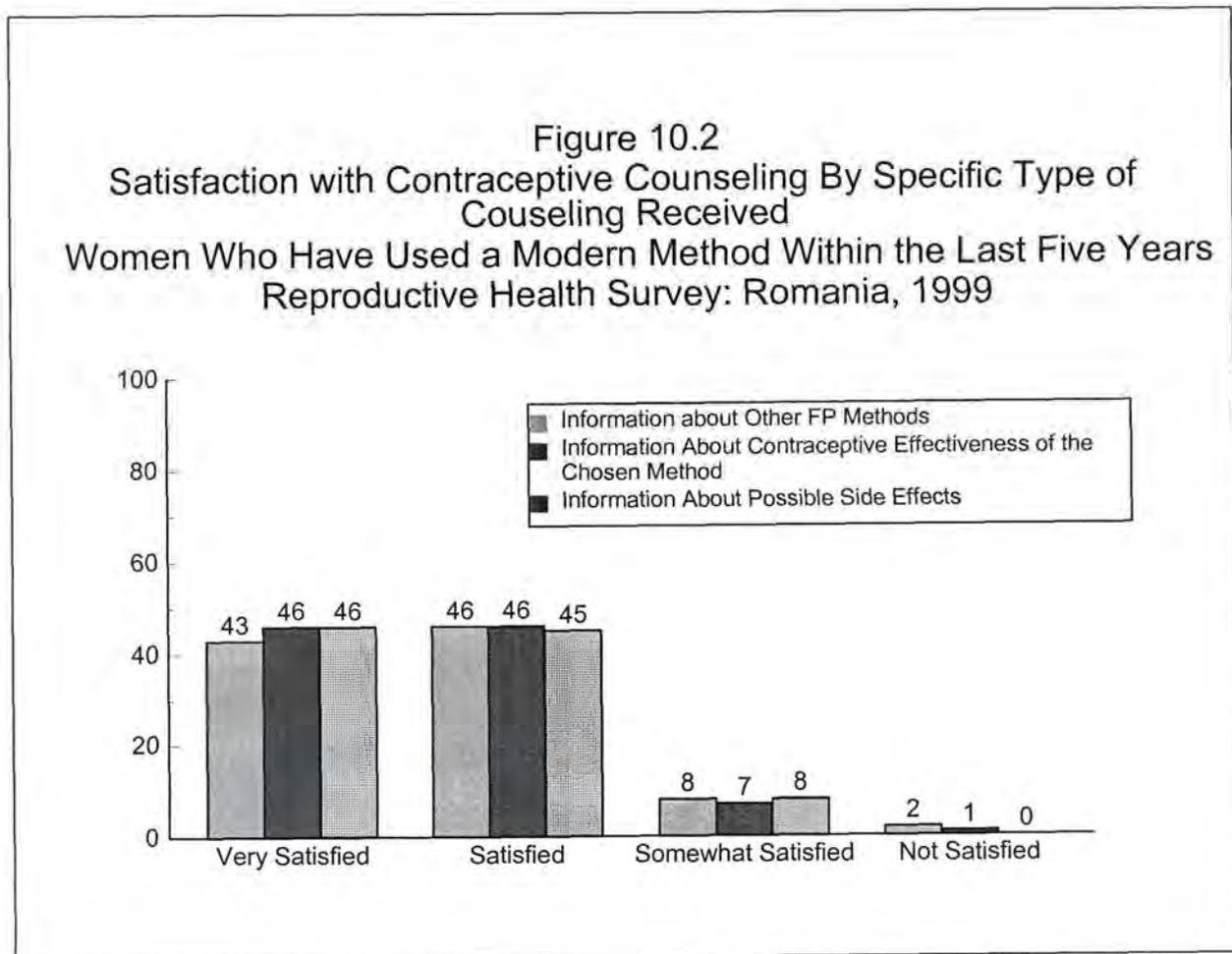


TABLE 10.2
Percent Distribution of Women By Their Satisfaction with Family Planning Services
by Selected Characteristics
Women Who Have Used a Modern Contraceptive Method Within the Past Five Years
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Satisfaction Level</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Somewhat Satisfied</u>	<u>Not Satisfied</u>	<u>Do Not Remember</u>		
Total	37.8	46.4	8.9	3.5	3.4	100.0	1,064
<u>Residence</u>							
Urban	40.4	44.5	8.6	3.1	3.3	100.0	670
Rural	31.5	50.9	9.6	4.3	3.7	100.0	394
<u>Region</u>							
Bucharest	43.8	37.6	10.9	5.6	2.1	100.0	111
Vallahia	40.6	42.3	9.7	3.2	4.1	100.0	322
Transylvania	33.5	53.0	8.0	2.9	2.7	100.0	403
Moldova	36.4	47.9	7.4	3.1	5.2	100.0	228
<u>Age Group</u>							
15-24	33.5	48.9	10.1	6.1	1.5	100.0	207
25-34	37.5	47.5	8.5	3.2	3.2	100.0	565
35-44	41.4	42.8	8.6	2.0	5.1	100.0	292
<u>Education Level</u>							
Primary or Less	23.6	60.2	7.1	2.7	6.5	100.0	107
Secondary Incomplete	38.4	46.0	7.2	3.6	4.8	100.0	336
Secondary Complete	38.8	46.6	10.6	2.6	1.5	100.0	398
Postsecondary	41.0	41.5	9.2	4.8	3.4	100.0	223
<u>Socio-economic Status</u>							
Low	29.3	52.5	9.9	3.6	4.7	100.0	256
Middle	37.7	47.7	8.1	3.6	2.8	100.0	537
High	43.6	40.1	9.6	3.1	3.7	100.0	271
<u>Counseled About All Methods</u>							
Yes	43.4	46.4	7.6	1.5	1.1	100.0	668
No	28.1	46.4	11.1	6.9	7.6	100.0	396
<u>Discussed Efficacy of Methods</u>							
Yes	45.8	45.6	7.0	1.0	0.6	100.0	607
No	26.6	47.5	11.5	6.9	7.4	100.0	457
<u>Discussed Possible Side Effects</u>							
Yes	46.1	45.4	7.5	0.4	0.7	100.0	747
No	16.5	49.0	12.5	11.4	10.5	100.0	317

10.3 Post-abortion and Post-Partum Counseling

Although contraceptive prevalence rates increased substantially between 1993 and 1999, a high number of women continued to resort to legal abortion to delay or avoid having children. Women who have had a recent abortion and did not adopt an effective contraceptive method afterwards are probably at high risk of another unintended pregnancy and represent an important group whose needs of family planning have failed to be satisfied. A wide range of contraceptive methods, together with accurate information and referral for ongoing family planning care, should be made available and accessible to all women who have undergone abortions; both abortion providers and family planning health professionals should be able to offer contraceptive counseling and services. Unfortunately, most abortion providers in Romania either fail to understand the value of post-abortion counseling or lack the time and resources to help women receive such counseling.

To document the level and content of the post-abortion counseling in the 99RRHS, all women of reproductive age who had an abortion since January 1994 were asked if they received any family planning advice after the procedure, if they received any contraceptive method or prescription for a method, and if they were referred to a family planning facility following the procedure. Family planning counseling or services offered pre- or post-abortion were examined for all pregnancies terminated between July 1994 and June 1999. Only 30% of induced abortions in this period were preceded and/or followed by family planning counseling, and typically most of them were counseled only post-abortion (15%) ([Table 10.3](#)). The percentage who received a contraceptive method or a prescription for contraceptives was considerably lower (9% and 7%, respectively). Only 8% of the women who underwent abortion procedures have been referred to a family planning facility post-abortion.

There was not much variation in the prevalence of post-abortion contraceptive counseling by women's background characteristics. Urban women were slightly more likely than rural women to have received pre- or post-abortion counseling (33% vs. 26%) or a contraceptive method (11% vs. 5%). Residents of the Transylvania region had the highest likelihood to have received counseling or supplies. Both contraceptive advice and contraceptive supplies distribution increased directly with women's education and SES. Post-abortion counseling increased slightly after the new health reform legislation was enacted in 1998. Women whose last abortion was performed in 1998-1999 were slightly more likely than those with earlier abortions to have been told by a health provider about methods of preventing pregnancy (40% vs. 26%-33%). Similarly, distribution of contraceptives post-abortion increased slightly among women with abortions in 1998-1999 (13% vs. 8%-10%).

Among women who had had a birth since January 1994, only 45% received any information about family planning during postnatal care (see Chapter VI, Table 6.3).

TABLE 10.3
Family Planning Services Offered
at the Time of Legally Performed Abortions Between June 1994-July 1999
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Information About Contraception</u>			<u>Distribution/Prescription of a Contraceptive Method, or Referral</u>			<u>No. of Cases</u>
	<u>Pre-Abortion</u>	<u>Post-Abortion</u>	<u>Pre and Post Abortion</u>	<u>Offered a Method</u>	<u>Offered Prescription</u>	<u>Offered Referral</u>	
Total	5.9	15.1	9.4	8.6	7.0	8.3	2,759
<u>Residence</u>							
Urban	5.4	15.6	12.5	10.9	7.7	8.6	1,434
Rural	6.5	14.5	4.9	5.2	6.0	7.9	1,325
<u>Region</u>							
Bucharest	7.0	12.5	11.3	10.4	4.1	8.9	320
Vallahia	4.5	14.0	7.6	7.7	6.1	7.1	1,429
Transylvania	6.6	20.4	10.7	10.1	10.9	9.4	489
Moldova	7.8	15.6	11.1	7.7	8.4	10.1	521
<u>Age Group</u>							
15-24	6.8	13.3	10.9	8.0	7.0	8.4	969
25-34	5.3	15.3	8.7	9.7	7.1	8.0	1,397
35-44	5.8	18.2	8.6	6.1	6.5	9.1	393
<u>Education Level</u>							
Primary or less	3.9	10.8	4.8	4.7	5.5	6.2	519
Secondary Incomplete	5.3	15.2	6.1	6.1	6.3	6.5	1,173
Secondary Complete	7.3	16.5	12.6	9.8	8.7	9.8	834
Postsecondary	7.1	18.5	21.2	22.5	7.0	14.7	233
<u>Socio-economic Status</u>							
Low	5.6	11.5	4.3	4.5	5.2	6.2	1,220
Middle	5.2	18.1	11.6	9.7	7.9	8.8	1,169
High	8.3	16.3	16.2	16.1	8.8	12.3	370
<u>Ethnicity</u>							
Romanian	6.2	16.0	10.2	9.3	7.3	9.2	2,377
Hungarian	8.2	16.4	10.0	8.5	14.0	7.4	81
Roma	2.8	7.8	3.5	3.6	2.0	2.2	275
Other	3.3	10.2	0.0	5.1	5.1	0.0	26
<u>Year of Abortion</u>							
1994-95	4.7	11.6	10.2	7.6	3.1	5.6	591
1995-96	5.7	16.0	6.3	5.6	9.0	8.5	574
1996-97	4.4	14.9	8.2	8.0	6.3	8.3	596
1997-98	6.9	14.4	9.7	9.5	7.3	8.5	496
1998-99	8.0	19.2	13.1	13.0	9.7	11.0	502

CHAPTER XI

ATTITUDES AND OPINIONS ABOUT CONTRACEPTION AND ABORTION

Respondents were asked about their interest in obtaining information about contraceptive methods and about their opinion on the most appropriate information sources; the advantages and disadvantages of pill and IUD use; health risks related to pill, IUD and condom use; and health risks related to abortion.

11.1 Interest in Information on Contraception

Contraceptives were forbidden and even a taboo subject in Romania before 1990. Since then they have been available and the population has sought more information about contraceptive use. A survey objective was to determine which population subgroups were not yet well informed, what information was missing, and what could be done to target those subgroups with information, education, and communication (IEC) activities.

Overall, 72% of women and 61% of men wanted more information on contraception (Tables 11.1.1A and 11.1.1B). The desire for more information on contraception was higher among younger people, as a significantly greater proportion of those under the age of 25, (88%—89%) desired more information on contraceptives compared to those over the age of 35 (< 60%) ([Figure 11.1.1](#)). In addition, in almost all age groups the desire for more information was slightly higher among women than men.

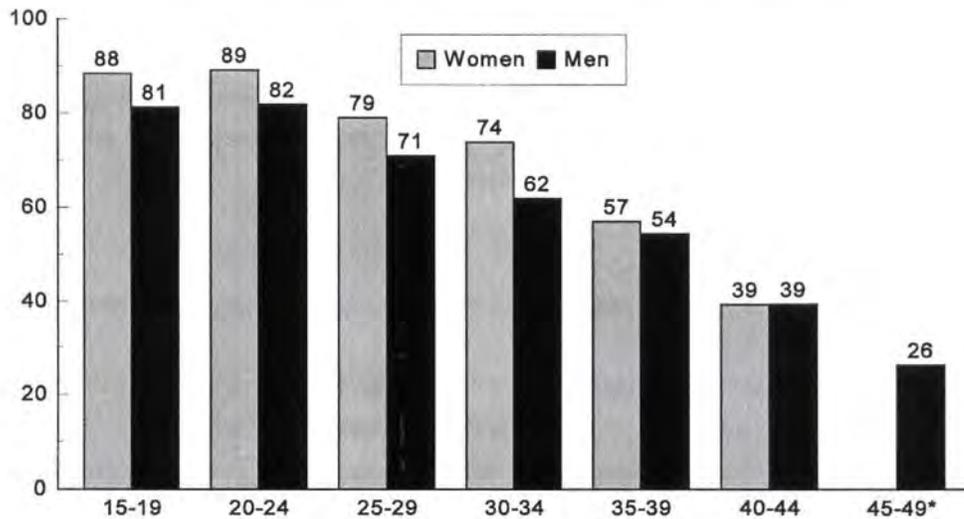
Similar differences existed for both women and men according to marital status and number of living children. Much higher proportions of people never in union and with no children, who were mostly young people, desired more information on contraception. The desire for more information on contraception was also higher among those in higher education groups. On the other hand, there is little difference by residence or SES.

These differences may be explained by the fact that young adults, who were better educated and more likely to be unmarried, wanted to know as much as possible about contraception to avoid unintended pregnancies.

Table 11.1.1
Percentage of Women And Men Who Want More Information About Contraception
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Percent of Women Who Want More Information</u>		<u>Percent of Men Who Want More Information</u>	
Total	72.1	6,888	60.9	2,434
<u>Residence</u>				
Urban	71.9	3,914	62.0	1,342
Rural	72.5	2,974	59.4	1,092
<u>Age Group</u>				
15-19	88.4	924	81.2	311
20-24	89.1	1,239	81.8	320
25-29	79.0	1,310	70.9	386
30-34	73.8	1,368	61.9	389
35-39	57.0	955	54.4	304
40-44	39.3	1,092	39.4	295
45-49	NA	NA	26.2	429
<u>Marital Status</u>				
Married, In Union	66.5	4,846	49.9	1,595
Previously Married	57.3	476	53.9	95
Never Married	88.4	1,566	79.5	744
<u>No. of Living Children</u>				
0	83.5	2,330	76.3	1,000
1	73.7	1,927	54.6	608
2	62.3	1,844	48.2	607
3	54.9	461	29.2	149
4+	42.6	326	27.3	70
<u>Education Level</u>				
Primary or less	59.6	1,210	51.6	324
Some Secondary	70.8	2,524	60.6	1,115
Secondary Complete	75.7	2,087	64.1	578
Postsecondary	81.1	1,067	64.8	417
<u>Ethnicity</u>				
Romanian	73.2	6,004	61.6	2,185
Hungarian	66.4	442	58.1	142
Roma	61.5	346	49.0	79
Others	65.5	96	57.6	28
<u>Current Use of Contraception</u>				
Pill	86.4	451	69.4	164
IUD	68.9	382	55.9	97
Condom	88.2	514	75.9	256
Tubal Ligation	37.0	146	49.3	26
Other Modern Methods	85.9	164	70.8	29
Calendar	66.0	277	58.4	189
Withdrawal	69.6	1,555	55.6	531
None	70.4	3,399	59.5	1,142

Figure 11.1.1
Percentage of Women and Men of Reproductive Age
Who Want More Information About Contraception by Age Group
Reproductive Health Survey: Romania, 1999



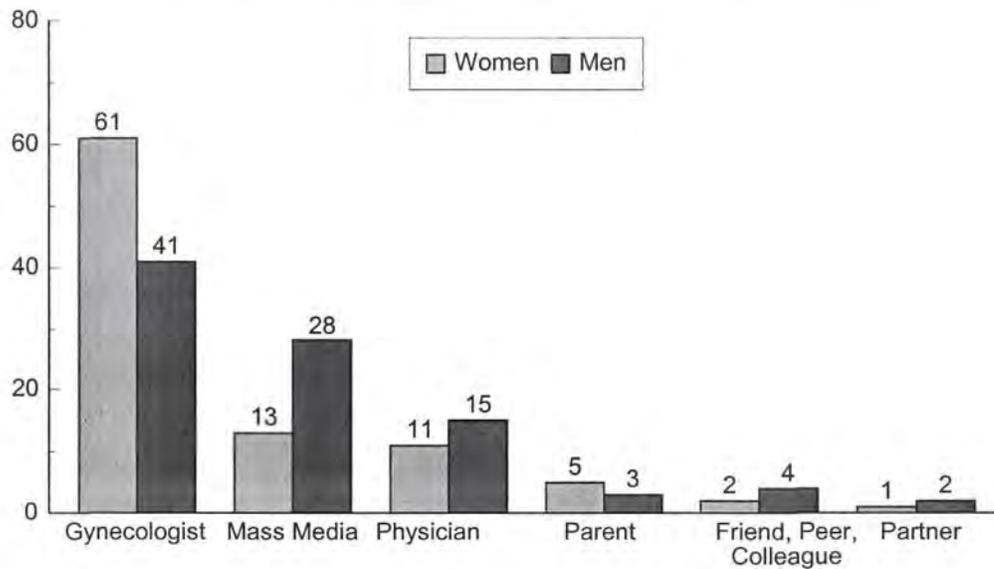
* Women aged 45–49 years were not included in the survey

11.2 Opinions Regarding Reliable Sources of Information About Contraception

Respondents were asked what they considered to be the most reliable source of information on contraception. The sources mentioned by respondents can be grouped into two major categories: medical sources (gynecologists, family doctors, and physicians working in family planning offices) and non-medical sources (mass media, parents, spouse, or partner).

Over 70% of women considered the most appropriate source of information about contraception to be professionals, primarily gynecologists ([Table 11.2.1A](#) and [Figure 11.2](#)). Except for women under the age of 20, among whom parents were also an important source of information, this was true regardless of socio-economic characteristics for more than one-half of women. The primary non-medical source was the mass media (13%), which included television, radio, newspapers, and books.

Figure 11.2
 Perceived Best Source of Information on Contraception
 Among Women and Men of Reproductive Age Who Want More Information
 Reproductive Health Survey: Romania, 1999



A lower proportion of men than women (56% vs. 72%), considered the most appropriate source of information about contraception to be professionals ([Table 11.2.1B](#) and [Figure 11.2](#)). Men considered gynecologists to be the most important source of information on contraceptive methods, but the proportion of men with this opinion was significantly lower than that of women (41% vs. 61%). This was probably because women who used gynecological services were the most familiar with them. As was the case for young women, among men under the age of 20 parents were also an important source of information. In addition, among men the mass media was twice as important as a source of information than it was for women (28% vs. 13%).

TABLE 11.2.1A
Percent Distribution of Women's Opinion
About Which Source of Information On Contraception Is Most Reliable
Women Aged 15-44 Who Want To Have More Information About Contraception
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Gynecologist</u>	<u>Mass Media</u>	<u>Other Doctor</u>	<u>Parents</u>	<u>Friends</u>	<u>Husband/ Partner</u>	<u>Other</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	60.9	13.4	11.1	4.8	1.8	0.5	4.4	3.1	100.0	4,918
Residence										
Urban	62.4	14.5	10.9	4.6	1.4	0.5	3.3	2.4	100.0	2,814
Rural	58.2	11.5	11.5	5.2	2.5	0.7	6.1	4.2	100.0	2,104
Age Group										
15-19	45.9	8.4	9.0	18.2	4.0	0.8	8.7	4.5	100.0	815
20-24	63.2	13.4	9.5	2.6	2.9	1.0	4.1	3.4	100.0	1,097
25-29	68.7	11.8	11.9	1.5	0.5	0.6	2.5	2.7	100.0	1,030
30-34	68.1	13.8	12.2	0.8	0.4	0.1	2.9	1.8	100.0	1,005
35-39	61.7	18.9	13.1	0.1	0.1	0.0	3.3	2.9	100.0	549
40-44	58.8	20.0	14.5	0.3	1.0	0.3	3.0	2.1	100.0	422
Marital Status										
Married, In Union	65.8	13.7	11.9	1.1	0.8	0.5	3.4	2.9	100.0	3,261
Previously Married	63.5	16.3	11.9	2.0	0.6	0.0	4.3	1.4	100.0	285
Never Married	52.1	12.4	9.7	11.6	3.7	0.8	6.1	3.6	100.0	1,372
Education Level										
Primary or less	50.6	8.8	10.1	10.3	4.8	0.8	8.1	6.4	100.0	706
Secondary Incomplete	58.7	13.1	9.5	6.7	2.1	0.7	5.7	3.3	100.0	1,758
Secondary Complete	65.0	14.1	12.7	2.2	0.8	0.3	2.9	2.2	100.0	1,588
Postsecondary	65.9	16.2	12.1	1.4	0.7	0.5	1.6	1.7	100.0	866
No. of Living Children										
0	56.2	12.1	9.2	9.4	3.2	0.9	5.6	3.4	100.0	1,916
1	67.8	13.1	12.1	1.8	0.6	0.2	2.1	2.2	100.0	1,415
2	63.1	12.0	12.8	0.6	3.8	2.3	2.5	2.8	100.0	1,183
3+	58.8	15.6	14.0	0.4	0.7	0.0	5.6	4.9	100.0	404
Current Method Use										
Pill	75.5	12.9	8.0	1.1	0.6	0.6	1.0	0.4	100.0	383
IUD	71.4	14.6	7.6	0.5	0.3	0.0	3.3	2.4	100.0	274
Condom	61.2	14.3	17.3	1.8	0.9	0.0	1.9	2.7	100.0	445
Other Modern	65.1	19.2	10.0	1.1	1.1	0.0	2.3	1.2	100.0	192
Calendar	64.3	15.2	14.1	2.3	1.0	0.0	1.9	1.2	100.0	192
Withdrawal	64.5	12.1	12.2	1.1	1.5	0.9	4.3	3.3	100.0	1,110
None	55.6	13.2	10.2	8.3	2.5	0.6	5.8	3.9	100.0	2,322

TABLE 11.2.1B
Percent Distribution of Men's Opinion
About Which Source of Information On Contraception Is Most Reliable
Men Aged 15-49 Who Want To Have More Information About Contraception
Reproductive Health Survey: Romania, 1999

<u>Characteristics</u>	<u>Gynecologist</u>	<u>Mass-Media</u>	<u>Other Doctor</u>	<u>Friends</u>	<u>Parents</u>	<u>Wife/Partner</u>	<u>Other</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	41.1	27.6	15.0	4.0	2.8	1.7	5.8	1.9	100.0	1,430
Residence										
Urban	42.9	26.6	14.2	3.0	3.4	2.2	6.5	1.2	100.0	817
Rural	38.5	29.0	16.1	5.5	1.9	1.1	4.9	3.0	100.0	613
Age Group										
15-19	31.1	21.9	8.3	6.2	12.0	0.9	18.3	1.2	100.0	257
20-24	38.7	29.8	11.2	7.9	1.3	3.2	4.4	3.6	100.0	260
25-29	49.2	26.7	12.7	3.0	0.4	3.1	2.8	2.0	100.0	272
30-34	41.4	30.8	21.4	1.8	0.0	0.8	1.8	2.0	100.0	245
35-39	48.2	22.1	28.7	0.0	0.0	0.0	0.0	0.9	100.0	163
40-44	48.0	30.4	16.3	0.8	0.0	0.7	3.8	0.0	100.0	233
45-49	36.3	38.4	17.9	1.5	0.9	2.1	1.5	1.4	100.0	233
Marital Status										
Married, In Union	44.8	29.1	20.7	1.0	0.1	1.5	1.4	1.4	100.0	795
Previously Married	49.6	15.7	11.0	1.7	2.3	9.0	10.6	0.0	100.0	48
Never Married	36.8	26.7	9.4	7.3	5.7	1.5	10.0	2.6	100.0	587
Education Level										
Primary or less	31.5	27.7	10.6	11.0	5.8	1.1	8.9	3.5	100.0	158
Secondary Incomplete	40.1	24.8	15.3	3.3	4.5	1.8	7.7	2.6	100.0	659
Secondary Complete	48.4	29.1	14.5	2.7	0.5	1.3	2.8	0.8	100.0	356
Postsecondary	40.4	32.3	17.6	3.2	0.0	2.6	3.2	0.7	100.0	257
No. of Living Children										
0	38.0	27.0	10.3	6.2	4.7	2.2	9.2	2.5	100.0	746
1	44.8	28.1	20.7	1.8	0.3	2.0	1.1	1.1	100.0	327
2	47.2	29.7	20.0	0.2	0.3	0.0	1.7	0.9	100.0	289
3+	40.7	23.7	29.8	1.6	0.0	1.6	1.0	1.7	100.0	68
Current Method Use*										
Pill	51.0	21.6	18.7	3.2	0.0	2.2	0.9	2.5	100.0	1,113
IUD	47.2	34.4	17.4	0.0	0.0	0.0	0.0	1.0	100.0	56
Condom	42.5	30.1	14.9	4.7	0.9	0.9	4.3	1.8	100.0	191
Calendar	44.9	30.7	18.3	1.0	0.7	2.9	0.8	0.7	100.0	109
Withdrawal	41.7	29.7	18.9	3.4	1.3	2.4	1.5	1.2	100.0	291
None	38.1	25.8	11.8	5.2	5.1	1.7	10.1	2.3	100.0	639

* Excludes 31 men whose partners were using other modern methods

11.3 Opinions Regarding Advantages and Disadvantages of the Pill and IUD

The organization and functioning of family planning services, the geographical and financial accessibility to modern family planning methods, and access to relevant information may influence women's opinion about the advantages and disadvantages of modern contraceptives.

In the 99RRHS, female respondents were asked to agree or disagree with several statements referring to possible advantages and disadvantages of using pills and the IUD. Similar questions were also asked in the in the 93RRHS, allowing comparisons to be made.

As a general observation, the frequency of identifying the advantages of the pill and the IUD was higher in urban areas and among women with more education (see [Tables 11.3.1](#) and [11.3.3](#)). This was also true to a lesser extent for the disadvantages of using these methods. Also, women

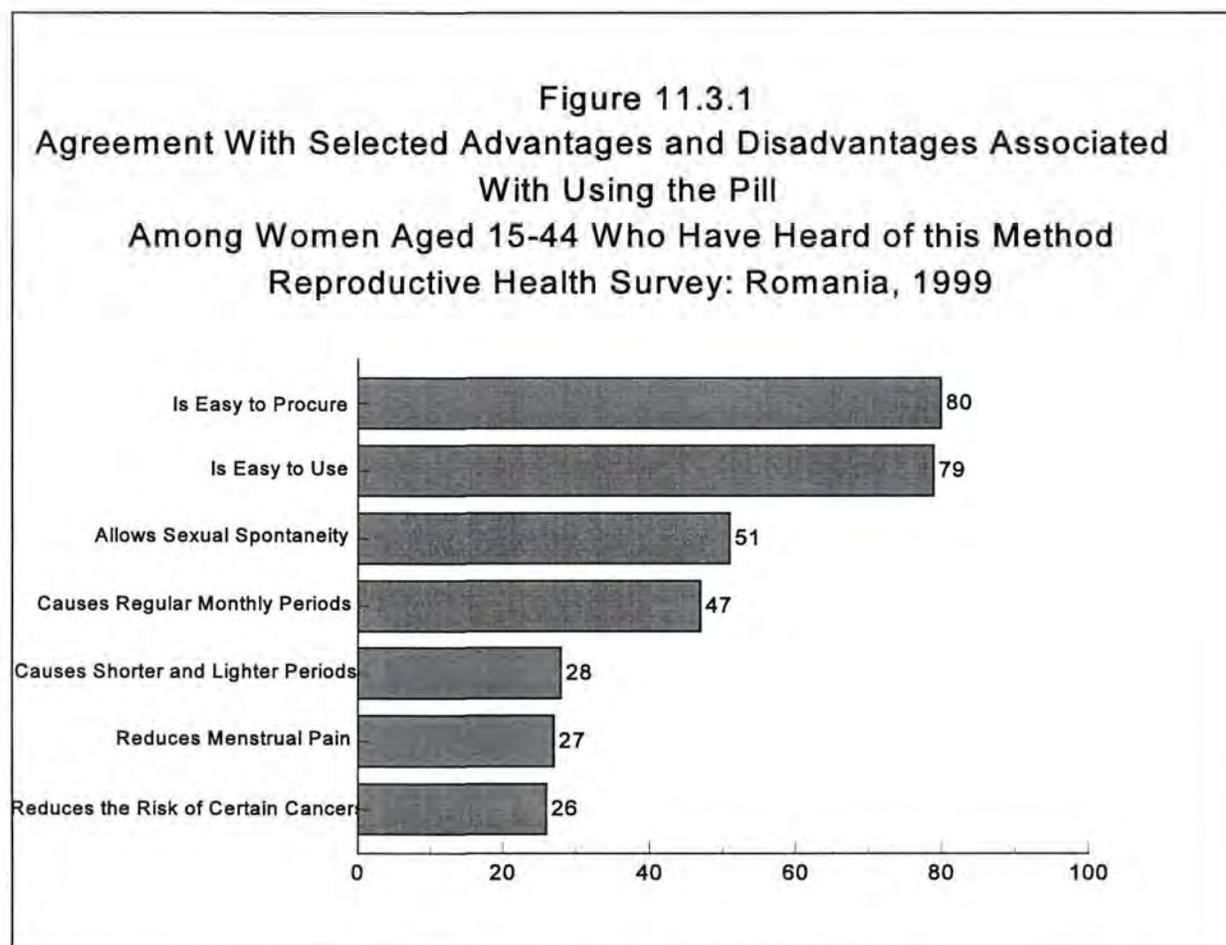


TABLE 11.3.1
Agreement With Selected Advantages and Disadvantages Associated With Using the Pill
Women Aged 15–44 Who Have Heard of the Pill
By Residence and Education
Reproductive Health Survey: Romania, 1999

<u>STATEMENTS</u>	<u>Total</u>	<u>Residence</u>		<u>Education Level</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Primary or Less</u>	<u>Some Secondary</u>	<u>Secondary Complete</u>	<u>Post-Secondary</u>
<u>Advantages</u>							
Pills Easy To Procure	80.3	85.2	70.5	61.7	76.0	85.8	92.7
Pills Easy To Use	78.7	83.6	69.2	59.5	74.8	84.2	91.1
Allows Spontaneous Intercourse	51.2	56.6	40.5	31.9	41.8	56.6	74.6
Pills Regularize Menstrual Periods	47.3	52.2	37.6	30.5	38.9	51.0	69.9
Pills Reduce Menstrual Bleeding	28.4	32.0	21.4	17.7	23.1	29.6	44.9
Pills Reduce Menstrual Pain	26.7	30.0	20.3	15.3	20.8	27.8	44.9
Decreases Risk of Certain Cancers	26.1	26.7	24.8	19.2	24.5	25.4	35.3
<u>Disadvantages</u>							
Pills May Cause Weight Gain	53.7	55.6	49.8	42.7	51.1	58.6	58.1
Daily Use Stressful to Remember	29.3	28.7	30.4	29.7	28.4	30.5	28.5
Pills Too Expensive	20.6	20.7	20.6	21.2	20.3	18.7	24.5
Pills Bad For Cardio-Vascular System	11.1	11.5	10.1	10.1	10.2	10.7	14.1
<u>Number of Cases</u>	6,319	3,803	2,516	851	2,346	2,057	1,065

recognized to a greater extent those advantages and disadvantages that could be identified on the basis of general knowledge and to a lesser extent those advantages and disadvantages that required an in-depth knowledge of reproductive physiology and the pharmacology of the pill and IUD.

As shown in [Figure 11.3.1](#), the advantages most frequently identified for the pill were: "easy to procure," mentioned by 80% of women who know of the pill and "easy to use," mentioned by 79% of this group. About half of these women thought pill use "allows spontaneous intercourse"

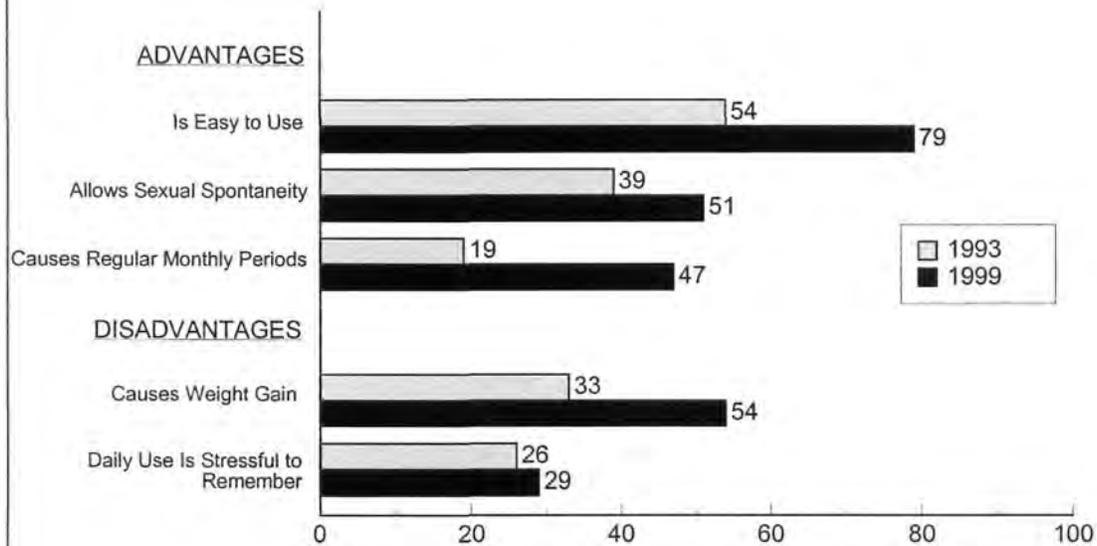
and "makes menstrual periods more regular." These proportions were higher in urban areas and among better educated women. Only about one fourth of women agreed that oral contraceptives "decrease the risk of getting certain cancers." Regardless of demographic characteristics, the most frequently mentioned disadvantage of using pills, mentioned by about half of women who know of the pill, was that pill use may cause weight gain. Also of importance is that about 30% of women who knew of the pill, regardless of residence or education level, thought that remembering to take a pill every day was stressful. In addition, one fourth of women with a postsecondary education, the sub-group with the highest prevalence of pill use, considered the high price of the pill as a disadvantage.

Between the 93RRHS and the 99RRHS, the proportion of women who agreed with the statements regarding the advantages and disadvantages of using the pill increased in both rural and urban areas, and also increased among women of all education levels (see [Table 11.3.2](#) and [Figure 11.3.2](#)). This demonstrates an increase in general knowledge of the pill between 1993 and 1999.

TABLE 11.3.2
Agreement with Selected Advantages and Disadvantages Associated With Using the Pill
By Residence and Education
Women Aged 15–44 Who Have Heard of The Pill in 93RRHS and 99RRHS
Reproductive Health Surveys: Romania, 1993 and 1999

<u>STATEMENTS</u>	<u>Survey Year</u>	<u>Total</u>	<u>Residence</u>		<u>Education Level</u>			
			<u>Urban</u>	<u>Rural</u>	<u>Primary or Less</u>	<u>Some Secondary</u>	<u>Secondary Complete</u>	<u>Post-Secondary</u>
<u>Advantages</u>								
Pill Easy To Use	1993	53.9	60.2	40.8	31.7	49.4	66.1	82.1
	1999	78.7	83.6	69.2	59.5	74.8	84.2	91.1
Allows Spontaneous Intercourse	1993	38.5	42.1	28.6	20.7	28.1	48.6	62.6
	1999	51.2	56.6	40.5	31.9	34.4	56.6	74.6
Pill Regularizes Menstrual Periods	1993	19.4	22.8	12.7	10.3	15.2	25.0	37.0
	1999	47.3	52.2	37.6	30.5	38.9	51.0	69.9
<u>Disadvantages</u>								
Pill May Cause Weight Gain	1993	32.6	36.0	23.4	21.1	28.6	41.5	46.2
	1999	53.7	55.6	49.8	42.7	51.1	58.6	58.1
Daily Use Stressful To Remember	1993	25.9	28.7	20.1	19.0	24.9	30.1	38.3
	1999	29.3	28.7	30.4	29.7	28.4	30.5	28.5

Figure 11.3.2
Agreement With Selected Advantages and Disadvantages Associated
With Using the Pill in 1993 and 1999
Among Women Aged 15–44 Who Have Heard of the Pill
Reproductive Health Surveys: Romania, 1993 and 1999



In 99RRHS, the IUD was used by only 5% of women in union, although IUD's awareness among women aged 15-44 years was almost universal (91%), and more than half said they know how it is used (56%), or where it can be obtained (51 %) (see Chapters VII and VET). Among women of reproductive age who have heard about this method, 46% of women said that the IUD "is easy to use", 37% said that "is relatively inexpensive," 32% considered that IUD "increases the pleasure of intercourse because one does not have to worry about pregnancy," and 23% perceived it as a means of reducing "one's risk of an ectopic pregnancy."

Fewer women were aware of disadvantages associated with the use of an IUD: about two in five (41%) knew of the increased risk of pelvic inflammatory disease when using the IUD, one third knew that it may cause irregular bleeding, and 24%-28% that it may cause heavy or painful menses. For both advantages and disadvantages of IUD use, awareness was greater in urban areas and among better educated women.

TABLE 11.3.3
Percentage of Women Who Agree With Selected Statements
Concerning Advantages and Disadvantages Associated With Using An IUD
Women 15-44 Who Have Heard Of The IUD
By Residence and Education
Reproductive Health Survey: Romania, 1999

<u>STATEMENTS</u>	<u>Total</u>	<u>Residence</u>		<u>Education Level</u>			
		<u>Urban</u>	<u>Rural</u>	<u>Primary</u>	<u>Some Secondary</u>	<u>Secondary Complete</u>	<u>Post-Secondary</u>
<u>Advantages</u>							
IUD Easy To Use	46.4	49.7	40.1	33.8	41.8	53.0	54.1
IUD Relatively Inexpensive	37.3	40.4	31.3	25.6	34.0	41.1	46.0
Increases Sexual Pleasure Since Ends Pregnancy Concerns	32.2	33.8	29.1	20.8	28.9	36.4	40.3
Decreases Risk of Ectopic Pregnancy	23.1	24.0	21.4	17.5	22.0	24.8	26.7
<u>Disadvantages</u>							
Increased Risk Of Pelvic Inflammatory Disease	40.9	44.0	34.7	28.9	38.2	41.5	54.2
IUD May Cause Irregular Bleeding	33.9	37.3	27.4	25.7	30.1	35.1	45.9
IUD May Increase Menstrual Blood Loss	28.1	30.6	23.2	22.8	25.7	30.7	32.5
IUD May Increase Painful Menstruation	23.7	25.1	21.0	21.7	22.5	24.5	26.4
<u>Number of Cases</u>	6,340	3,753	2,587	950	2,305	2,027	1,058

In general, a greater proportion of women who knew of the pill were aware of its advantages compared to the proportion of women who knew of the IUD who were aware of the method's advantages (see [Tables 11.3.1](#) and [11.3.3](#)). Clearly, there is a great need for the IEC efforts in Romania to promote information about the advantages of the IUD, the most cost-effective long term modern method (Trussell, 1995), since 93%-94% of fecund women with two or more children want to terminate childbearing (see Chapter IV). Women must also be educated to a greater extent about each method's disadvantages to increase their ability to make informed choices about modern contraceptive use.

11.4 Opinions on Risks to Women's Health Due To Contraceptive Use

The low use of modern contraceptive methods in Romania could be due to women's and men's perceptions of the risks to a woman's health associated with contraceptive use. The risk to a woman's health associated with the use of the three modern contraceptive methods most frequently used by Romanian women, the pill, the IUD and the condom, were evaluated by respondents on a scale including "no risk", "low risk", "medium risk" and "high risk".

Among respondents who had an opinion regarding the health risk of using pills, the greatest proportion of both women and men thought that using the pill posed a "medium risk" to women's health. This was true among those who had an opinion, regardless of socio-economic grouping, except among women and men who reported pill use, among whom the greatest proportion of both genders thought that using the pill posed a "low risk" to women's health ([Tables 11.4.1 A](#) and [11.4.1B](#)). It should be noted that there were significantly higher percentages of respondents of both genders who "don't know" whether pill use posed a health risk in rural areas and among respondents in lower educational and socio-economic level groups. This reinforces the earlier statement that IEC efforts regarding the characteristics of pill and other methods must be increased and must target these groups.

To a greater extent than for the pill, a high proportion of respondents (one third of women and one half of men) "don't know" whether using an IUD posed a health risk for women ([Tables 11.4.2A](#) and [11.4.2B](#)). Of those who did have an opinion, the greatest proportions of women thought that using an IUD posed a "low risk" or a "medium risk" to women's health, while men had a greater tendency to state "low risk". Similar to the pill, this was true among all those who had an opinion about the IUD, regardless of socio-economic grouping, except among women and men who reported IUD use, among whom the greatest proportion of both genders thought that using the IUD posed "no risk" or a "low risk" to women's health. As for the pill, there were significantly higher percentages of respondents of both genders who "don't know" whether IUD use posed a health risk in rural areas and among respondents in lower educational and socio-economic level groups.

Two thirds of women and almost three fourths of men considered condoms to be very safe; that is, they do not have any risk for women's health ([Tables 11.4.3A](#) and [11.4.3B](#)). Compared to the pill and IUD, significantly fewer women and men (20% and 13%) said that they could assess if condoms are safe or not.

Those who "don't know" the advantages and disadvantages of using contraceptive methods and the level of risk of use to a woman's health constitute "the target population" for future IEC activities of family planning programs. Increasing the percentage of persons informed about the

benefits and risks associated with the use of contraceptive methods may lead to an increase in the number of modern contraceptives users, lowering the risk of unintended pregnancies.

In conclusion, only 16% of women and 14% of men thought there was no health risk associated with the use of IUD and only 12% of women and 8% of men thought there was no risk in using the pill, but 68% and 73% of women and men shared this belief about condoms (Table 11.4.4 and Figure 14.4). Both the knowledge of and confidence in method's safety were higher among respondents who were currently using a specific method. For example, among pill users, 30% of women and 24% of men said that the pill does not pose any risk for women's health compared to 12% and 8% of all women and men. Similarly, opinion that IUD has no health risks was prevailing among IUD users (40% of women and 51 % of men) whereas lack of knowledge about the IUD's safety was very low (9% and 2%).

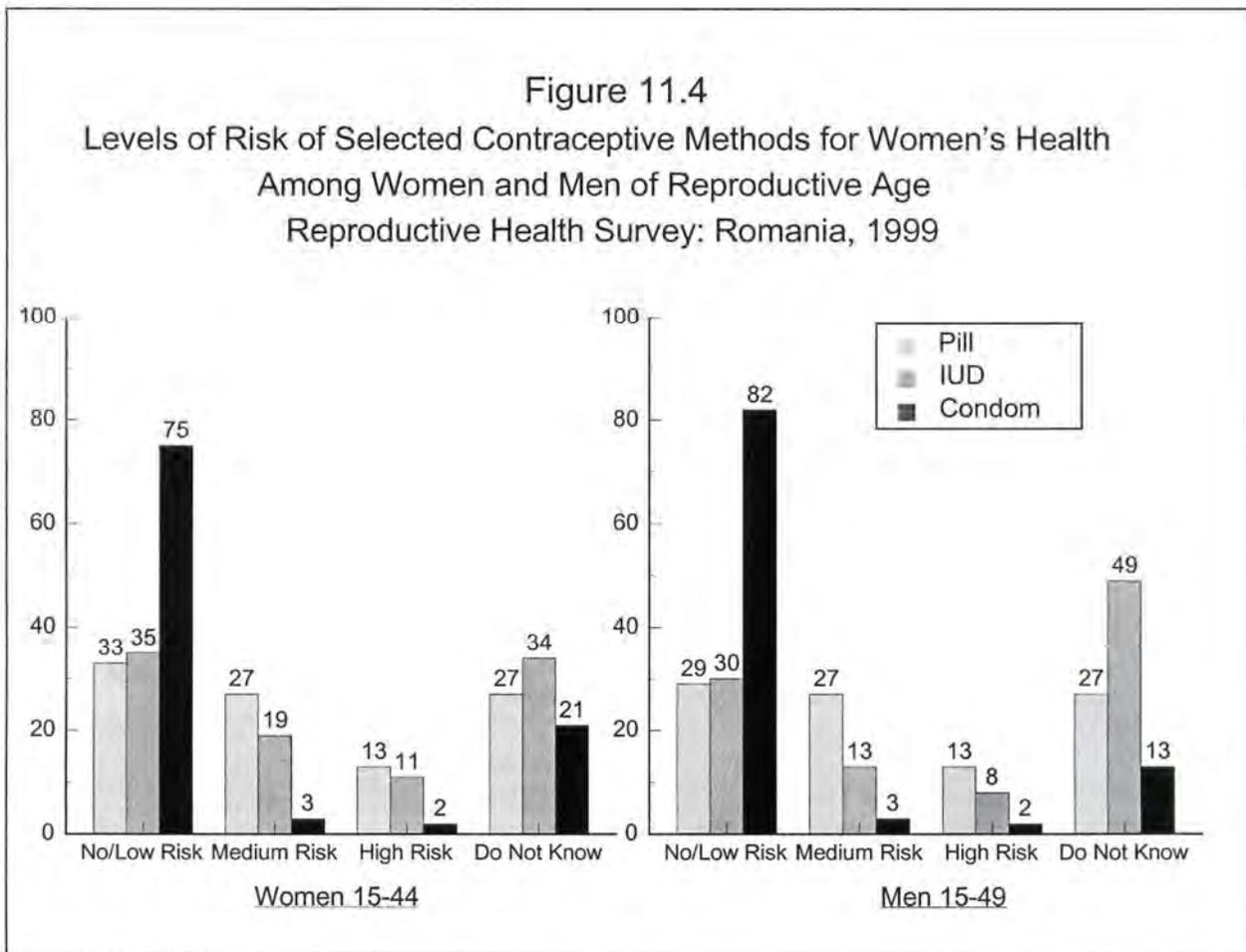


TABLE 11.4.1A
Percent Distribution of Women's Opinion Regarding the Level of Health Risk
Associated With Using the Pill
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	11.8	20.7	27.4	13.1	27.1	100.0	6,888
<u>Residence</u>							
Urban	12.0	23.1	31.2	13.8	20.0	100.0	3,914
Rural	11.4	16.7	20.8	11.8	39.4	100.0	2,974
<u>Age Group</u>							
15-19	10.5	16.0	21.6	12.1	39.8	100.0	924
20-24	12.6	22.8	29.0	10.9	24.8	100.0	1,239
25-29	14.4	23.5	26.8	12.0	23.2	100.0	1,310
30-34	12.5	23.6	29.3	12.7	22.1	100.0	1,368
35-39	10.7	18.9	29.6	15.5	25.3	100.0	955
40-44	9.4	19.0	28.3	15.9	27.4	100.0	1,092
<u>Marital Status</u>							
Married, In Union	12.3	21.0	27.3	13.3	26.1	100.0	4,846
Previously Married	12.1	22.6	23.7	13.8	27.9	100.0	476
Never Married	10.5	19.6	28.4	12.3	29.2	100.0	1,566
<u>Education Level</u>							
Primary or less	7.6	10.7	15.2	10.7	55.9	100.0	1,210
Secondary Incomplete	11.8	18.1	23.5	15.0	31.7	100.0	2,524
Secondary Complete	14.6	23.3	33.9	12.3	16.0	100.0	2,087
Postsecondary	10.8	32.1	36.5	12.7	7.9	100.0	1,067
<u>Socio-economic Status</u>							
Low	11.0	15.4	17.5	12.4	43.7	100.0	2,382
Medium	12.2	21.6	30.4	13.0	22.8	100.0	3,076
High	12.0	26.1	34.5	14.0	13.5	100.0	1,430
<u>Ethnicity</u>							
Romanian	12.1	21.4	27.4	13.6	25.6	100.0	6,004
Hungarian	10.9	19.5	37.5	8.6	23.5	100.0	442
Roma	8.4	11.1	15.1	9.7	55.8	100.0	346
Other	7.7	22.6	26.2	13.9	29.7	100.0	96
<u>Current Contraceptive Method</u>							
Pill	29.6	38.3	22.0	4.3	5.7	100.0	451
IUD	6.3	22.1	35.5	15.0	21.1	100.0	382
Condom	9.6	25.6	41.8	13.6	9.4	100.0	514
Tubal Ligation	14.2	17.0	25.4	12.6	30.8	100.0	146
Other Modern Methods	11.9	22.6	43.1	11.6	10.9	100.0	164
Calendar	6.9	31.2	32.4	18.1	11.4	100.0	277
Withdrawal	10.7	17.6	26.9	24.2	30.7	100.0	1,555
None	11.0	18.1	24.6	12.6	33.6	100.0	3,399

TABLE 11.4.1B
Percent Distribution of Men's Opinion Regarding the Level of Health Risk
Associated With Using the Pill
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	8.2	20.4	25.7	12.4	33.3	100.0	2,434
Residence							
Urban	9.5	23.9	29.1	12.4	25.0	100.0	1,342
Rural	6.2	15.4	20.8	12.3	45.3	100.0	1,092
Age Group							
15-19	8.2	15.0	17.8	11.7	47.3	100.0	311
20-24	9.0	21.7	20.7	9.9	38.8	100.0	320
25-29	8.1	24.8	26.6	13.0	27.6	100.0	386
30-34	10.5	26.1	25.8	11.9	25.7	100.0	389
35-39	7.2	22.8	31.2	12.7	26.1	100.0	304
40-44	6.4	16.7	35.6	14.4	26.9	100.0	295
45-49	7.3	15.9	24.7	13.8	38.3	100.0	429
Marital Status							
Married, In Union	8.3	21.0	28.9	13.8	28.0	100.0	1,595
Previously Married	5.5	18.7	28.6	8.7	38.5	100.0	95
Never Married	8.1	19.6	20.2	10.5	41.6	100.0	744
Education Level							
Primary or less	6.6	9.0	10.3	8.3	65.9	100.0	324
Secondary Incomplete	7.6	17.0	25.1	11.9	38.4	100.0	1,115
Secondary Complete	9.2	25.8	29.6	16.4	19.0	100.0	578
Postsecondary	9.5	31.5	34.5	11.6	12.9	100.0	417
Socio-economic Status							
Low	5.5	11.8	18.4	11.0	53.3	100.0	693
Medium	8.7	22.2	26.4	11.8	30.9	100.0	1,130
High	9.9	26.4	32.3	14.9	16.5	100.0	611
Ethnicity							
Romanian	8.4	20.7	25.4	12.4	33.2	100.0	2,185
Hungarian	10.4	17.1	31.6	15.4	25.5	100.0	142
Roma	2.4	21.5	19.9	7.6	48.7	100.0	79
Other	0.0	14.0	40.7	13.9	31.3	100.0	28
Current Contraceptive Method*							
Pill	24.4	40.2	23.2	3.5	8.7	100.0	164
IUD	7.6	22.2	37.0	18.9	14.3	100.0	97
Condom	7.8	28.6	32.6	15.9	15.1	100.0	256
Tubal Ligation	5.2	20.6	23.5	22.1	28.8	100.0	26
Calendar	8.2	26.7	33.7	11.6	19.8	100.0	189
Withdrawal	6.8	18.8	26.6	14.5	33.3	100.0	531
None	7.0	15.5	21.6	11.1	44.8	100.0	1,142

* Excludes 29 men whose partners were using other modern methods.

TABLE 11.4.2A
Percent Distribution of Women's Opinion Regarding the Level of Health Risk
Associated With Using the IUD
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	16.1	19.2	19.3	11.2	34.1	100.0	6,888
Residence							
Urban	16.7	21.8	22.5	11.1	27.9	100.0	3,914
Rural	15.0	14.8	13.8	11.6	44.9	100.0	2,974
Age Group							
15-19	8.5	11.9	13.6	7.6	58.4	100.0	924
20-24	13.6	19.4	18.6	12.9	35.6	100.0	1,239
25-29	15.3	22.6	19.9	13.9	28.4	100.0	1,310
30-34	20.8	23.2	22.2	10.7	23.1	100.0	1,368
35-39	21.1	20.8	21.2	9.9	27.1	100.0	955
40-44	19.1	17.9	21.1	12.0	29.9	100.0	1,092
Marital Status							
Currently In Union	18.5	21.2	20.4	11.8	28.1	100.0	4,846
Formerly In Union	17.4	19.7	20.8	10.9	31.1	100.0	476
Never In Union	10.3	14.7	16.5	10.2	48.4	100.0	1,566
Education Level							
Primary	10.9	10.3	13.3	9.7	55.8	100.0	1,210
Secondary Incomplete	16.7	16.3	15.8	12.0	39.3	100.0	2,524
Secondary Complete	19.1	21.8	23.2	11.2	24.8	100.0	2,087
Postsecondary	14.9	30.0	26.1	11.4	17.6	100.0	1,067
Socio-economic Status							
Low	13.9	14.2	12.7	11.1	48.1	100.0	2,382
Medium	17.4	20.2	20.5	11.6	30.4	100.0	3,076
High	16.6	23.9	25.8	11.1	22.6	100.0	1,430
Ethnicity							
Romanian	16.5	19.5	19.8	11.6	32.6	100.0	6,004
Hungarian	16.5	19.0	17.0	7.4	40.1	100.0	442
Roma	10.3	14.4	15.2	11.1	49.0	100.0	346
Other	11.5	21.8	13.7	8.1	44.9	100.0	96
Current Contraceptive Method							
Pill	13.2	24.2	20.1	12.4	30.0	100.0	451
IUD	40.1	30.1	14.7	6.2	9.0	100.0	382
Condom	15.3	27.2	29.9	10.6	17.0	100.0	514
Tubal Ligation	20.0	17.8	20.5	15.8	25.9	100.0	146
Other Modern Methods	20.2	20.5	26.1	20.3	15.0	100.0	164
Calendar	15.7	27.1	25.3	12.5	19.3	100.0	277
Withdrawal	17.9	16.6	18.8	11.1	35.6	100.0	1,555
None	13.3	16.5	17.5	11.3	41.4	100.0	3,399

TABLE 11.4.2B
Percent Distribution of Men's Opinion Regarding the Level of Health Risk
Associated With Using the IUD
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	13.0	17.3	12.8	7.8	49.1	100.0	2,434
<u>Residence</u>							
Urban	14.7	19.6	14.9	9.2	41.7	100.0	1,342
Rural	10.5	13.9	9.9	5.8	59.9	100.0	1,092
<u>Age Group</u>							
15-19	5.6	7.0	7.2	5.4	74.8	100.0	311
20-24	10.5	18.1	10.6	6.6	54.1	100.0	320
25-29	13.2	22.0	13.2	8.7	42.9	100.0	386
30-34	15.2	24.8	17.2	8.7	34.2	100.0	389
35-39	17.3	21.9	15.6	7.5	37.7	100.0	304
40-44	17.4	15.4	17.1	6.7	43.4	100.0	295
45-49	13.5	12.1	9.9	11.9	52.6	100.0	429
<u>Marital Status</u>							
Married, In Union	16.2	18.6	16.0	8.7	40.5	100.0	1,595
Previously Married	10.4	13.5	6.4	11.3	58.5	100.0	95
Never Married	7.9	15.4	8.2	6.2	62.3	100.0	744
<u>Education Level</u>							
Primary or less	4.2	6.2	3.4	5.3	81.0	100.0	324
Secondary Incomplete	11.7	13.2	12.3	6.6	56.2	100.0	1,115
Secondary Complete	17.6	21.9	16.5	9.3	34.8	100.0	578
Postsecondary	17.4	30.5	17.0	11.1	24.0	100.0	417
<u>Socio-economic Status</u>							
Low	7.6	11.4	7.9	6.1	67.0	100.0	693
Medium	13.6	17.3	14.1	7.3	47.8	100.0	1,130
High	17.7	23.5	15.7	10.7	32.5	100.0	611
<u>Ethnicity</u>							
Romanian	12.8	17.5	13.1	7.6	48.9	100.0	2,185
Hungarian	17.3	18.1	6.4	8.7	49.5	100.0	142
Roma	9.4	9.4	13.4	11.6	56.2	100.0	79
Other	13.2	19.1	18.5	10.4	38.7	100.0	28
<u>Current Contraceptive Method*</u>							
Pill	11.9	32.9	19.3	7.8	28.1	100.0	164
IUD	51.0	35.8	7.8	3.6	1.9	100.0	97
Condom	14.1	26.3	16.7	9.4	33.5	100.0	256
Tubal Ligation	10.8	13.5	33.0	16.3	26.4	100.0	26
Calendar	17.3	18.1	21.6	13.0	30.0	100.0	189
Withdrawal	13.7	15.3	14.5	8.0	48.5	100.0	531
None	9.0	12.3	8.7	7.0	63.1	100.0	1,142

* Excludes 29 men whose partners were using other modern methods.

TABLE 11.4.3A
Percent Distribution of Women's Opinion Regarding the Level of Health Risk
Associated With Using the Condom
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	67.5	7.9	2.6	1.6	20.5	100.0	6,888
Residence							
Urban	74.7	8.3	2.5	1.2	13.3	100.0	3,914
Rural	54.8	7.3	2.8	2.2	32.9	100.0	2,974
Age Group							
15-19	60.7	10.1	2.3	2.0	24.9	100.0	924
20-24	70.5	8.7	2.6	2.0	16.2	100.0	1,239
25-29	66.8	8.2	3.0	1.8	20.3	100.0	1,310
30-34	71.5	6.9	2.4	1.1	18.1	100.0	1,368
35-39	69.7	5.3	2.6	0.9	21.6	100.0	955
40-44	65.8	7.5	2.6	1.6	22.4	100.0	1,092
Marital Status							
Currently In Union	67.7	7.2	2.5	1.6	21.1	100.0	4,846
Formerly In Union	63.8	6.9	4.8	1.3	23.3	100.0	476
Never In Union	67.7	9.8	2.4	1.7	18.3	100.0	1,566
Education Level							
Primary or less	41.4	6.6	2.8	2.4	46.8	100.0	1,210
Secondary Incomplete	65.0	7.5	2.4	2.1	23.0	100.0	2,524
Secondary Complete	76.2	8.0	2.6	1.0	12.3	100.0	2,087
Postsecondary	83.6	9.9	3.0	0.7	2.9	100.0	1,067
Socio-Economic Status							
Low	49.6	6.8	2.6	2.1	39.0	100.0	2,382
Medium	72.9	7.6	2.9	1.5	15.1	100.0	3,076
High	80.5	10.0	2.1	1.1	6.3	100.0	289
Ethnicity							
Romanian	68.9	8.2	2.6	1.6	18.7	100.0	6,004
Hungarian	70.7	4.7	2.1	0.7	21.8	100.0	442
Roma	39.2	7.2	3.0	2.4	48.3	100.0	346
Other	67.6	3.7	2.0	3.5	23.3	100.0	96
Current Contraceptive Method							
Pill	73.5	8.7	3.9	1.2	12.7	100.0	451
IUD	72.8	7.2	2.7	1.6	15.7	100.0	382
Condom	88.8	7.2	0.5	0.5	3.0	100.0	514
Tubal Ligation	66.2	9.4	3.8	1.8	18.8	100.0	146
Other Modern Methods	80.5	5.5	0.0	1.4	12.6	100.0	164
Calendar	75.3	10.9	2.4	0.9	10.6	100.0	277
Withdrawal	64.4	7.0	2.4	1.3	25.0	100.0	1,555
None	63.1	8.1	2.7	2.0	24.2	100.0	3,399

TABLE 11.4.3B
Percent Distribution of Men's Opinion Regarding the Level of Health Risk
Associated With Using the Condom
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	72.9	9.2	2.6	2.0	13.4	100.0	2,434
Residence							
Urban	77.8	9.8	2.6	1.7	8.2	100.0	1,342
Rural	65.8	8.3	2.7	2.3	20.9	100.0	1,092
Age Group							
15-19	72.6	6.3	0.9	0.7	19.7	100.0	311
20-24	78.9	9.7	3.3	1.8	6.4	100.0	320
25-29	73.3	8.9	2.9	2.2	12.8	100.0	386
30-34	71.5	13.0	1.2	2.4	11.9	100.0	389
35-39	69.9	11.5	3.2	2.2	13.2	100.0	304
40-44	76.0	6.4	3.6	2.3	11.6	100.0	295
45-49	65.7	8.8	3.2	2.5	19.8	100.0	429
Marital Status							
Married, In Union	71.3	9.9	3.3	2.1	13.4	100.0	1,595
Previously Married	69.0	9.5	1.3	4.7	15.5	100.0	95
Never Married	75.9	8.0	1.6	1.4	13.0	100.0	744
Education Level							
Primary	54.1	6.9	2.7	3.0	33.4	100.0	324
Secondary Incomplete	70.0	8.7	2.9	2.3	16.0	100.0	1,115
Secondary Complete	81.8	10.3	2.1	1.5	4.3	100.0	578
Postsecondary	83.6	10.7	2.5	0.8	2.4	100.0	417
Socio-Economic Status							
Low	59.1	7.3	3.3	3.2	27.1	100.0	693
Medium	75.5	10.0	2.0	1.9	10.5	100.0	1,130
High	82.8	9.6	3.0	0.7	3.9	100.0	611
Ethnicity							
Romanian	73.4	9.3	2.5	2.0	12.9	100.0	2,185
Hungarian	68.7	9.5	2.5	1.5	17.9	100.0	142
Roma	66.2	3.9	6.3	3.3	20.4	100.0	79
Other	76.5	15.3	2.9	0.0	5.3	100.0	28
Current Contraceptive Method*							
Pill	80.4	9.3	2.6	1.1	6.7	100.0	164
IUD	79.9	6.1	6.5	1.8	5.7	100.0	97
Condom	82.4	13.3	2.6	0.0	1.7	100.0	256
Tubal Ligation	86.4	3.1	1.7	4.3	4.5	100.0	26
Calendar	77.5	10.5	3.0	3.3	5.7	100.0	189
Withdrawal	72.8	9.2	2.6	2.6	12.8	100.0	531
None	68.4	8.2	2.2	2.1	19.1	100.0	1,142

* Excludes 29 men whose partners were using other modern methods.

TABLE 11.4.4
Percent Distribution of Women's and Men's Opinion Regarding the Level of Health Risk
Associated With Using the Pill, IUD, and Condom
Among All Women and Men of Reproductive Age and Among Current Users
Reproductive Health Survey: Romania, 1999

	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Opinion of all Women and Men							
<u>Women</u>							
Pill	11.8	20.7	27.4	13.1	27.1	100.0	6,888
IUD	16.1	19.2	19.3	11.2	34.1	100.0	6,888
Condom	67.5	7.9	2.6	1.6	20.5	100.0	6,888
<u>Men</u>							
Pill	8.2	20.4	25.7	12.4	33.3	100.0	2,434
IUD	13.0	17.3	12.8	7.8	49.1	100.0	2,434
Condom	72.9	9.2	2.6	2.0	13.4	100.0	2,434
Opinion of Current Users							
<u>Women</u>							
Pill	29.6	38.3	22.0	4.3	5.7	100.0	451
IUD	40.1	30.1	14.7	6.2	9.0	100.0	382
Condom	88.8	7.2	0.5	0.5	3.0	100.0	514
<u>Men</u>							
Pill	24.4	40.2	23.2	3.5	8.7	100.0	164
IUD	51.0	35.8	7.8	3.6	1.9	100.0	97
Condom	82.4	13.3	2.6	0.0	1.7	100.0	256

11.5 Opinions on Risks to Women's Health Due to Abortion

Abortion is commonly used in Romania as a means of avoiding births resulting from unintended pregnancies (See Chapter V). Changes in behavior related to the use of contraceptive methods instead of abortion should be an important program intervention. The solution would not lie in restricting abortion, but in increasing the Romanian population's awareness of and access to effective contraceptive methods, since the 99RRHS showed that two thirds of women and men of reproductive age (65% and 63%) considered abortion to pose a "high risk" to a woman's health ([Tables 11.5A](#) and [11.5B](#) and [Figure 11.5](#)).

Beliefs of high risk associated with abortion were somewhat lower among men and women who only attended primary school, those of Roma ethnic background, and men under the age of 20, but these groups were more likely to lack an opinion about health risks associated with abortion. In spite of a prevailing opinion that abortion poses important health risks to the woman, the 99RRHS documented a lifetime probability of abortion of 2.2 abortions per woman of reproductive age (Chapter V). However, between the 93RRHS and 99RRHS, the abortion rate declined by 35% (from 3.4 to 2.2 abortions per woman) and the use of modern contraception among women in union has doubled (from 14% to 30%) suggesting that Romanian couples, with better information and access, started to replace abortion with modern contraception as the best means of averting unintended fertility.

Figure 11.5
Perceived Risk of Induced Abortion for Women's Health
Among Women and Men of Reproductive Age
Reproductive Health Survey: Romania, 1999

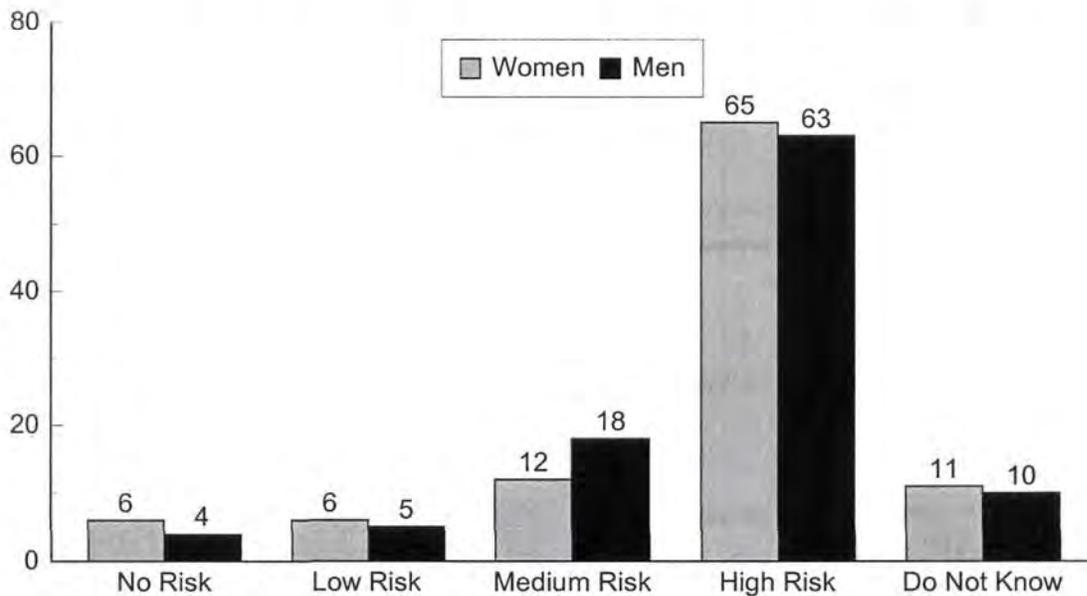


TABLE 11.5A
Perceived Risk of Induced Abortion for Women's Health Among Women of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	5.9	6.1	11.9	65.1	10.9	100.0	6,888
Residence							
Urban	6.1	6.6	12.8	66.6	7.9	100.0	3,914
Rural	5.6	5.4	10.3	62.6	16.0	100.0	2,974
Age Group							
15-19	2.7	3.7	8.7	63.7	21.3	100.0	924
20-24	3.9	4.6	11.2	70.1	10.2	100.0	1,239
25-29	4.9	7.0	11.9	65.9	10.3	100.0	1,310
30-34	6.7	7.5	14.1	65.6	6.2	100.0	1,368
35-39	7.9	7.4	14.4	63.4	6.9	100.0	955
40-44	10.3	7.3	11.8	61.0	9.5	100.0	1,092
Marital Status							
Married, In Union	7.0	6.9	12.6	64.7	8.8	100.0	4,846
Previously Married	7.6	10.2	13.7	58.8	9.8	100.0	476
Never Married	3.2	5.6	9.9	67.6	15.9	100.0	1,566
Education Level							
Primary or less	5.7	4.6	9.0	57.2	23.5	100.0	1,210
Secondary Incomplete	6.3	6.0	11.1	65.6	11.0	100.0	2,524
Secondary Complete	6.3	7.5	13.8	64.9	7.5	100.0	2,087
Postsecondary	4.8	5.6	13.2	72.7	3.7	100.0	1,067
Ethnicity							
Romanian	6.1	6.3	12.0	66.2	9.5	100.0	6,004
Hungarian	4.9	4.7	13.1	59.1	18.1	100.0	442
Roma	5.4	5.1	10.1	53.8	25.5	100.0	346
Other	1.6	8.3	8.8	69.0	12.3	100.0	96
Current Contraceptive Method							
Pill	5.5	6.9	12.6	71.9	3.0	100.0	451
IUD	7.7	6.8	12.5	64.8	8.3	100.0	382
Condom	4.4	5.9	16.0	70.2	3.6	100.0	514
Spermicides	6.4	6.6	8.2	71.3	7.5	100.0	139
Tubal Ligation	4.1	7.9	11.8	69.7	6.5	100.0	146
Other Modern Methods	0.0	0.0	12.6	76.5	10.9	100.0	25
Calendar	9.2	9.1	14.1	64.3	3.3	100.0	277
Withdrawal	7.1	4.8	13.0	66.1	9.1	100.0	1,555
None	5.5	6.3	10.7	62.7	14.8	100.0	3,399

TABLE 11.5B
Perceived Risk of Induced Abortion for Women's Health Among Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>No Risk</u>	<u>Low Risk</u>	<u>Medium Risk</u>	<u>High Risk</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	3.6	5.4	17.8	62.9	10.3	100.0	2,434
Residence							
Urban	3.7	6.1	19.3	63.4	7.5	100.0	1,342
Rural	3.6	4.4	15.5	62.2	14.3	100.0	1,092
Age Group							
15-19	3.3	6.3	14.6	52.0	23.9	100.0	311
20-24	3.1	4.1	21.1	62.3	9.5	100.0	320
25-29	3.6	5.1	19.7	64.2	7.4	100.0	386
30-34	4.4	4.6	17.5	66.5	7.2	100.0	389
35-39	3.2	6.4	20.4	61.7	8.4	100.0	304
40-44	5.1	5.5	16.5	66.9	6.0	100.0	295
45-49	3.1	6.5	14.0	67.8	8.6	100.0	429
Marital Status							
Married, In Union	3.9	5.9	17.1	66.4	6.6	100.0	1,595
Previously Married	2.3	3.1	25.0	62.9	6.6	100.0	95
Never Married	3.3	4.8	18.0	57.2	16.6	100.0	744
Education Level							
Primary or less	3.1	4.6	10.6	51.4	30.3	100.0	324
Secondary Incomplete	3.5	4.8	18.8	62.6	10.3	100.0	1,115
Secondary Complete	4.9	6.9	19.9	64.3	4.0	100.0	578
Postsecondary	2.9	5.7	18.0	71.2	2.3	100.0	417
Socio-economic Status							
Low	3.7	4.2	13.5	61.9	16.8	100.0	693
Medium	3.3	6.5	19.6	61.4	9.3	100.0	1,130
High	4.3	4.8	19.0	66.9	5.1	100.0	611
Ethnicity							
Romanian	3.5	5.4	17.6	63.6	9.9	100.0	2,185
Hungarian	6.8	5.5	18.0	58.6	11.2	100.0	142
Roma	2.1	7.5	20.7	50.5	19.2	100.0	79
Other	4.8	0.0	21.6	68.9	4.7	100.0	28
Current Contraceptive Method*							
Pill	4.3	5.6	19.8	67.3	2.9	100.0	164
IUD	5.5	3.4	23.5	66.3	1.3	100.0	97
Condom	1.8	4.8	24.1	67.2	2.1	100.0	256
Tubal Ligation	3.5	13.3	7.9	75.3	0.0	100.0	26
Calendar	5.4	3.7	22.1	64.2	4.6	100.0	189
Withdrawal	4.6	6.6	17.1	65.7	6.0	100.0	531
None	3.2	5.4	15.5	59.0	16.8	100.0	1,142

* Excludes 29 men whose partners were using other modern methods.

CHAPTER XII

REPRODUCTIVE HEALTH KNOWLEDGE AND ATTITUDES

A major objective of the 99RRHS study was to evaluate attitudes toward and opinions of reproductive health and to identify some of the factors that have determined these attitudes and opinions.

The survey questionnaire used in 1999 was based on an expanded version of the 1993 questionnaire. The 1999 questionnaire covered a wide range of topics related to reproductive health knowledge and attitudes. Some of the specific areas included were: opinions on ideal family size, knowledge of fertility, opinions about a woman's right to decide upon abortion, opinions about the acceptability of abortion under certain personal circumstances and opinions about the role and responsibilities of women toward contraception and family size.

The results of the survey can be a basis for designing targeted information, education and communication (IEC) efforts that could change reproductive attitudes and behavior, which along with economic growth and better living conditions, can result in improved demographic and health indicators in Romania.

12.1 Ideal Family Size

Respondents were asked their opinion regarding the ideal number of children for a young family in Romania. As presented in [Table 12.1](#), the mean desired number of children for both women and men was 2.0 children. There was very little variation according to demographic characteristics, except for men and women who already have three or more children (mean=2.2 children), those with primary education or less or low SES (mean=2.2 children), and Roma women who desired a mean of 2.2 children. Overall, there had been practically no change in the ideal family size between 1993 and 1999 (2.1 vs. 2.0 children).

12.2 Knowledge of the Menstrual Cycle

Due to the relatively small proportion of Romanians who have been exposed to sex education, the survey examined respondents' knowledge of basic concepts regarding reproduction

TABLE 12.1
Opinion About the Mean Ideal Number of Children for a Young Family in Romania
Among Women and Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	WOMEN		MEN	
	Mean Number of Children		Mean Number of Children	
	%	N	%	N
Total	2.0	6,621*	2.0	2,355*
Residence				
Urban	1.9	3,818	1.9	1,311
Rural	2.1	2,803	2.2	1,044
Age Group				
15-19	1.9	881	2.0	304
20-24	1.9	1,206	2.0	312
25-29	2.0	1,260	2.0	371
30-34	2.0	1,323	2.0	377
35-39	2.0	918	2.0	289
40-44	2.0	1,033	2.0	288
45-49	†	†	2.0	414
Marital Status				
Married, In Union	2.0	4,658	2.0	1,541
Previously Married	1.9	450	2.0	93
Never Married	1.9	1,513	2.0	721
Education Level				
Primary or less	2.0	1,084	2.2	297
Some Secondary	2.0	2,429	2.0	1,082
Secondary Complete	1.9	2,053	2.0	567
Postsecondary	1.8	1,055	1.8	409
No. of Living Children				
0	1.9	2,263	2.0	969
1	2.0	1,878	2.0	594
2	2.0	1,785	2.0	590
3+	2.2	695	2.2	202
Socio-economic Status				
Low	2.1	2,209	2.2	659
Middle	1.9	3,002	2.0	1,097
High	1.8	1,410	1.8	599
Ethnicity				
Romanian	2.0	5,793	2.0	2,123
Hungarian	2.1	428	2.1	134
Roma	2.2	310	2.0	73
Others	1.9	90	1.6	25

* Excludes 267 women and 79 men who gave a non-numeric answer or who did not answer at all.

† Women aged 15-44 years were not interviewed in this survey.

and fertility. [Tables 12.2A](#) and [12.2B](#) and [Figure 12.2](#) show respondents' opinions as to when during the menstrual cycle a woman is most likely to get pregnant—one of the most common indicators for evaluating sex education.

While 51% of women answered correctly that the highest risk of becoming pregnant is halfway between two menstrual periods, the proportion of men who gave this answer was only 35%. A comparison of these data with the 93RRHS results shows there has been practically no change since then, when 54% of women answered this question correctly (data not shown). This is an area requiring increased educational efforts, especially now that the efforts to introduce sex education in Romanian schools has become more widespread.

The level of knowledge of the menstrual cycle was related to educational attainment, as three times as many women and four times as many men in the highest educational group answered this question correctly compared to those in the lowest educational group ([Tables 12.2A](#) and [12.2B](#)). Also, both women and men in rural areas as well as those in the youngest age groups and lower socio-economic groups had lower levels of knowledge of the most likely time for a woman to become pregnant. Not surprisingly, since the calendar method is based on familiarity with the

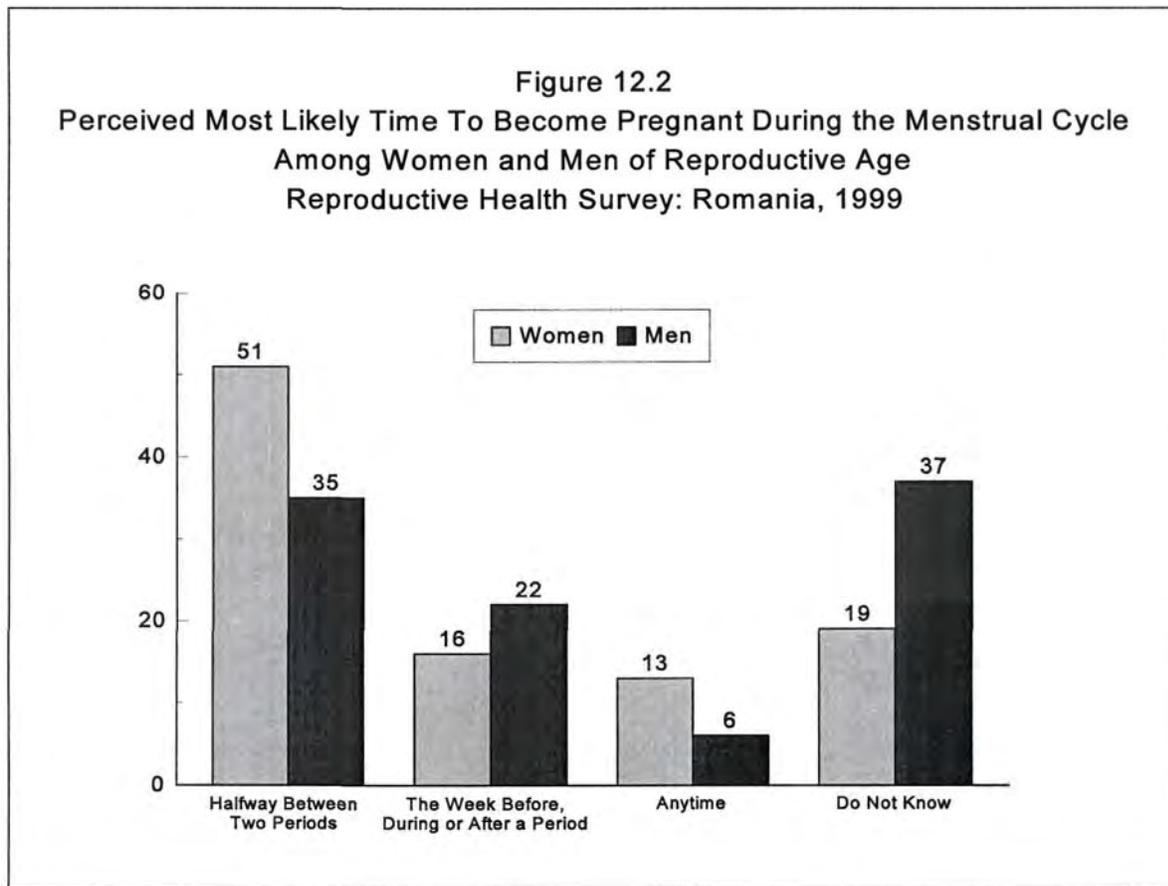


TABLE 12.2A
Percent Distribution of Women's Opinion
About The Most Likely Time to Become Pregnant During The Menstrual Cycle
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Week</u> <u>Before</u> <u>Menses</u>	<u>During</u> <u>Menses</u>	<u>Week</u> <u>After</u> <u>Menses</u>	<u>Halfway</u> <u>Between</u> <u>Menses</u>	<u>Anytime</u>	<u>Don't</u> <u>Know</u>	<u>Total</u>	<u>No. of</u> <u>Cases</u>
Total	3.4	0.7	11.8	51.4	13.3	19.4	100.0	6,888
Residence								
Urban	3.4	0.8	10.7	57.7	11.9	15.7	100.0	3,914
Rural	3.4	0.5	13.8	40.7	15.9	25.8	100.0	2,974
Age Group								
15-19	4.7	1.2	12.5	30.2	17.2	34.3	100.0	924
20-24	4.6	0.9	10.9	51.4	14.1	18.1	100.0	1,239
25-29	2.7	0.6	13.3	50.3	15.5	17.6	100.0	1,310
30-34	1.7	0.5	10.5	64.2	10.8	12.3	100.0	1,368
35-39	2.7	0.6	10.7	58.3	12.2	15.6	100.0	955
40-44	3.3	0.3	12.8	56.6	9.7	17.4	100.0	1,092
Marital Status								
Married, In Union	3.0	0.7	12.4	55.2	13.3	15.5	100.0	4,846
Previously Married	3.8	0.5	14.9	51.6	12.0	17.2	100.0	476
Never Married	4.1	0.8	9.6	42.8	13.9	28.8	100.0	1,566
Education Level								
Primary or less	3.5	1.2	15.6	25.8	16.2	37.7	100.0	1,210
Secondary Incomplete	4.3	0.6	14.8	42.4	16.1	21.9	100.0	2,524
Secondary Complete	2.7	0.6	9.3	63.3	11.8	12.4	100.0	2,087
Postsecondary	2.5	0.6	6.1	75.7	7.4	7.7	100.0	1,067
Socio-economic Status								
Low	3.7	1.0	14.3	35.2	16.8	29.0	100.0	2,382
Medium	3.3	0.6	11.9	55.0	13.5	15.6	100.0	3,076
High	3.0	0.5	8.2	66.0	8.5	13.9	100.0	1,430
Ethnicity								
Romanian	3.5	0.7	11.3	53.4	13.7	17.8	100.0	6,004
Hungarian	1.9	0.4	12.1	48.5	8.9	28.2	100.0	442
Roma	2.8	1.5	18.0	22.9	19.2	35.6	100.0	346
Other	3.6	0.8	17.9	45.2	17.0	15.6	100.0	96
Current Contraceptive Method								
Pill	4.3	1.0	10.7	59.9	13.7	10.4	100.0	451
IUD	4.1	0.6	13.9	60.6	9.7	11.1	100.0	382
Condom	2.0	0.4	7.5	73.1	9.3	7.7	100.0	514
Tubal Ligation	2.6	0.0	15.6	46.5	16.0	19.4	100.0	146
Other Modern	1.9	0.0	5.9	74.2	11.7	6.3	100.0	164
Calendar	3.4	0.0	4.6	83.8	6.5	1.8	100.0	277
Withdrawal	2.2	0.5	13.0	53.3	13.7	17.4	100.0	1,555
None	3.9	0.9	12.6	42.1	14.6	25.8	100.0	3,399

TABLE 12.2B
Percent Distribution of Men's Opinion About The Most Likely Time to Become Pregnant During
The Menstrual Cycle By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Week Before Menses</u>	<u>During Menses</u>	<u>Week After Menses</u>	<u>Halfway Between Menses</u>	<u>Anytime</u>	<u>Don't Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	4.9	1.7	15.8	34.5	6.1	37.1	100.0	2,434
Residence								
Urban	5.1	1.8	15.8	38.2	6.6	32.6	100.0	1,342
Rural	4.5	1.6	15.9	29.1	5.4	43.6	100.0	1,092
Age Group								
15-19	8.8	5.7	14.4	14.7	8.9	47.6	100.0	311
20-24	5.3	1.7	17.5	36.1	4.7	34.7	100.0	320
25-29	5.7	1.0	17.1	35.8	6.7	33.8	100.0	386
30-34	3.1	0.9	15.7	43.6	4.5	32.1	100.0	389
35-39	3.5	1.1	17.2	41.5	8.2	28.6	100.0	304
40-44	2.7	0.5	12.7	39.2	5.5	39.5	100.0	295
45-49	4.2	0.6	16.3	32.3	4.2	42.4	100.0	429
Marital Status								
Married, In Union	3.7	0.7	15.9	39.5	6.5	33.8	100.0	1,595
Previously Married	9.3	0.6	16.5	22.3	3.6	47.7	100.0	95
Never Married	6.3	3.5	15.7	27.6	5.6	41.4	100.0	744
Education Level								
Primary or less	5.2	1.8	13.4	13.4	5.6	60.6	100.0	324
Secondary Incomplete	4.6	1.8	17.5	26.9	6.9	42.3	100.0	1,115
Secondary Complete	7.0	1.9	16.4	42.0	6.7	26.1	100.0	578
Postsecondary	2.4	1.0	12.8	61.2	3.4	19.2	100.0	417
Socio-economic Status								
Low	4.7	2.0	13.7	22.3	6.2	51.2	100.0	693
Medium	4.3	1.5	17.1	33.2	7.3	36.6	100.0	1,130
High	6.0	1.7	15.8	49.8	3.7	23.0	100.0	611
Ethnicity								
Romanian	4.8	1.8	16.1	34.7	6.3	36.4	100.0	2,185
Hungarian	4.7	0.0	14.1	37.8	4.7	38.7	100.0	142
Roma	8.2	1.8	14.9	22.2	4.1	48.9	100.0	79
Other	0.0	0.0	9.4	39.2	2.3	49.1	100.0	28
Current Contraceptive Method								
Pill	6.2	1.2	17.3	47.5	6.2	21.6	100.0	164
IUD	1.9	0.0	18.7	46.1	7.2	26.1	100.0	97
Condom	6.5	1.1	17.7	49.6	5.9	19.2	100.0	256
Tubal Ligation	3.4	0.0	17.1	40.4	15.1	24.0	100.0	26
Other Modern	3.1	0.0	18.5	32.7	11.5	34.3	100.0	29
Calendar	5.5	0.5	12.0	64.2	3.4	14.5	100.0	189
Withdrawal	3.7	0.7	17.2	35.1	6.3	37.0	100.0	531
None	5.0	2.6	15.0	23.6	6.0	47.8	100.0	1,142

menstrual cycle, the sub-group of women and men with the highest percentages of respondents with correct knowledge of when during the menstrual cycle a woman is most likely to become pregnant were those who used the calendar as a contraceptive method (84% and 64%, respectively).

Since the level of knowledge of women has not changed since 1993, regardless of their demographic characteristics, it is essential that decision makers increase the proportion of Romanians of both genders who receive sex education. These efforts should especially target young people and those in lower socio-economic level and education groups.

12.3 Knowledge of the Fertility Effect of Breastfeeding

Similar to the menstrual cycle, women and men were asked their opinion on the degree of risk of a woman getting pregnant while breastfeeding, another basic concept of reproduction and fertility.

Only 29% of women and 17% of men correctly knew that there is a lower risk of pregnancy during breastfeeding ([Tables 12.3A](#) and [12.3B](#)). It is also noteworthy that quite a high proportion of both women (29%) and men (45%) did not know the answer to this question, confirming again the low percentage of Romanians who have correct knowledge about fertility and human reproduction.

The data also show that women's knowledge of the fertility reduction effect of breastfeeding increased with age. Women under the age of 20 and men under the age of 25 also had the highest level of those reporting they "do not know" the answer to this question. There was little difference among women and men according to education and socio-economic level.

Regardless of the demographic characteristics, knowledge of the fertility effect of breastfeeding is low in Romania. It is necessary that decision makers within the health system establish cooperative efforts between medical (especially family doctors and primary health care nurses) professionals and those in the educational system to jointly organize sex education campaigns, primarily for young adults. Also, IEC campaigns should promote breastfeeding to the age of 6 months as recommended by the WHO.

TABLE 12.3A
Opinion Regarding the Level of Pregnancy Risk While Breastfeeding Compared To While Not
Breastfeeding Among Women of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Level of Pregnancy Risk While Breastfeeding</u>					<u>No. of Cases</u>
	<u>Higher Risk</u>	<u>Lower Risk</u>	<u>Same Risk</u>	<u>Don't Know</u>	<u>Total</u>	
Total	16.8	28.5	25.9	28.8	100.0	6,888
Residence						
Urban	16.4	29.0	26.3	28.3	100.0	3,914
Rural	17.3	27.7	25.2	29.8	100.0	2,974
Age Group						
15-19	7.1	11.0	20.1	61.9	100.0	924
20-24	14.0	21.8	26.8	37.4	100.0	1,239
25-29	20.9	31.4	27.7	20.0	100.0	1,310
30-34	17.4	35.9	29.3	17.4	100.0	1,368
35-39	21.3	36.4	24.5	17.7	100.0	955
40-44	21.1	37.6	26.7	14.6	100.0	1,092
Marital Status						
Married, In Union	19.8	35.0	27.7	17.5	100.0	4,846
Previously Married	20.2	31.8	23.8	24.2	100.0	476
Never Married	9.1	13.1	22.3	55.5	100.0	1,566
Education Level						
Primary or less	16.1	27.5	22.4	34.0	100.0	1,210
Secondary Incomplete	17.0	27.1	25.4	30.6	100.0	2,524
Secondary Complete	16.8	30.8	28.1	24.4	100.0	2,087
Postsecondary	16.8	28.7	26.7	27.9	100.0	1,067
Socio-economic Status						
Low	16.5	27.3	24.9	31.3	100.0	2,382
Medium	16.9	29.1	26.6	27.4	100.0	3,076
High	16.8	29.0	25.9	28.3	100.0	1,430
Ethnicity						
Romanian	16.7	29.2	25.4	28.6	100.0	6,004
Hungarian	17.1	20.3	29.6	33.0	100.0	442
Roma	15.7	26.5	28.7	29.1	100.0	346
Other	22.5	28.4	27.4	21.6	100.0	96

TABLE 12.3B
Opinion Regarding the Level of Pregnancy Risk While Breastfeeding Compared To While Not Breastfeeding Among Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Level of Pregnancy Risk While Breastfeeding</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Higher Risk</u>	<u>Lower Risk</u>	<u>Same Risk</u>	<u>Don't Know</u>		
Total	23.1	17.1	14.8	45.0	100.0	2,434
Residence						
Urban	24.1	15.2	16.7	44.0	100.0	1,342
Rural	21.6	19.9	12.0	46.5	100.0	1,0924
Age Group						
15-19	11.1	14.4	15.7	58.8	100.0	311
20-24	14.1	14.1	14.1	57.7	100.0	320
25-29	24.7	17.1	15.4	42.8	100.0	386
30-34	28.8	20.1	13.0	38.1	100.0	389
35-39	30.0	18.1	18.4	33.6	100.0	304
40-44	30.9	17.7	11.6	39.8	100.0	295
45-49	26.2	19.6	16.0	38.2	100.0	429
Marital Status						
Married, In Union	30.1	19.3	14.7	35.9	100.0	1,595
Previously Married	17.8	23.0	7.3	52.0	100.0	95
Never Married	12.3	13.0	15.6	59.1	100.0	744
Education Level						
Primary or less	16.3	21.4	10.6	51.7	100.0	324
Secondary Incomplete	24.4	16.7	10.8	48.1	100.0	1,115
Secondary Complete	25.9	15.3	18.8	40.0	100.0	578
Postsecondary	21.5	17.0	23.2	38.3	100.0	417
Socio-economic Status						
Low	19.6	21.5	11.3	47.7	100.0	693
Medium	25.2	15.8	13.7	45.2	100.0	1,130
High	23.0	14.8	20.4	41.8	100.0	611
Ethnicity						
Romanian	23.6	17.0	14.8	44.6	100.0	2,185
Hungarian	18.5	13.4	18.9	49.1	100.0	142
Roma	20.8	26.0	8.2	45.0	100.0	79
Other	12.0	14.2	15.8	57.9	100.0	28

12.4 Opinions About Abortion

Survey questions on this topic had as their purpose the collection of data on respondents' opinions about a women's right to make personal decisions about her pregnancy, including the circumstances under which abortion should be permitted. These questions are justified by the fact that despite the development of family planning programs, and efforts made by nongovernmental organizations to educate the Romanian population on the use of contraceptive methods, the abortion rate in Romania is still high. Seventy-eight percent of women thought that they should always have the right to make personal decisions about pregnancy, including abortion, only 2 percent thought they should never have this right, and 20% thought that abortion is acceptable only for certain reasons (see [Table 12.4.1A](#) and [Figure 12.4.1](#)). These opinions varied very little according to respondents' demographic characteristics.

As shown in [Table 12.4.1B](#) and [Figure 12.4.1](#), the proportion of men agreeing that a woman should always have the right to decide about her pregnancy, including having an abortion, was substantially lower than among women (53% vs. 78%). However, men were twice as likely as women to agree with the acceptability of abortion for certain reasons (42% vs. 20%). Similar to women, a small proportion of men opposed abortion under any circumstances (5%). Men's opinions

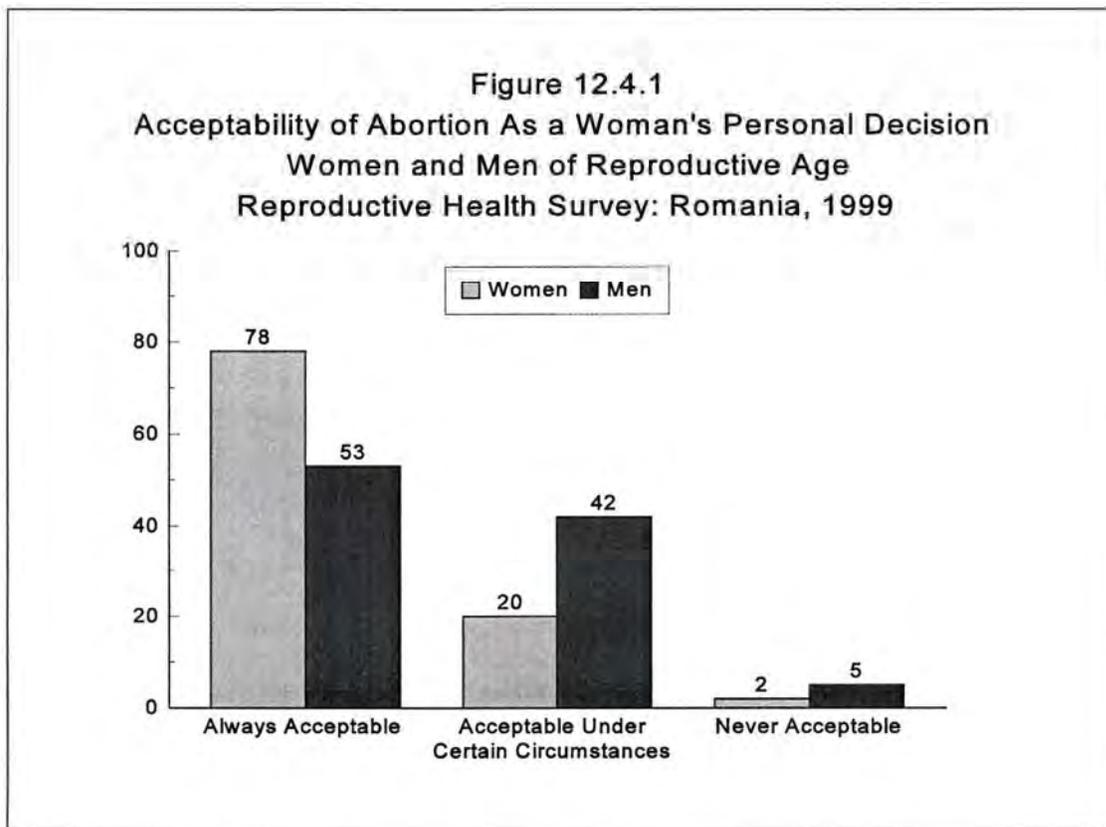


TABLE 12.4.1A
Acceptability of Abortion as a Woman's Personal Decision About Pregnancy
Among Women of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Acceptability of Abortion</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>	<u>Don't Know</u>		
Total	77.9	19.5	2.4	0.2	100.0	6,888
Residence						
Urban	78.7	18.9	2.2	0.1	100.0	3,914
Rural	76.4	20.5	2.7	0.4	100.0	2,974
Age Group						
15-19	73.9	22.1	3.3	0.8	100.0	924
20-24	79.3	18.5	2.2	0.0	100.0	1,239
25-29	76.5	21.0	2.2	0.3	100.0	1,310
30-34	79.5	18.8	1.5	0.2	100.0	1,368
35-39	80.2	17.9	1.7	0.2	100.0	955
40-44	78.3	18.5	3.2	0.1	100.0	1,092
Marital Status						
Married, In Union	78.2	19.4	2.2	0.1	100.0	4,846
Previously Married	78.2	19.6	2.1	0.2	100.0	476
Never Married	76.9	19.7	2.9	0.5	100.0	1,566
Education Level						
Primary or less	76.8	17.9	4.5	0.8	100.0	1,210
Secondary Incomplete	78.7	19.2	2.0	0.2	100.0	2,524
Secondary Complete	76.0	21.4	2.4	0.1	100.0	2,087
Postsecondary	80.5	18.6	1.0	0.0	100.0	1,067
Socio-economic Status						
Low	75.9	19.7	3.7	0.6	100.0	2,382
Medium	78.7	19.5	1.7	0.1	100.0	3,076
High	78.7	19.3	2.0	0.0	100.0	1,430
Ethnicity						
Romanian	78.4	19.3	2.2	0.2	100.0	6,004
Hungarian	73.7	23.2	3.0	0.2	100.0	442
Roma	75.9	18.6	4.4	1.1	100.0	346
Other	71.7	23.7	1.4	3.2	100.0	96

TABLE 12.4.1B
Acceptability of Abortion as a Woman's Personal Decision About Pregnancy
Among Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Acceptability of Abortion</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Always</u>	<u>Sometimes</u>	<u>Never</u>	<u>Don't Know</u>		
Total	52.9	42.2	4.9	0.1	100.0	2,434
<u>Residence</u>						
Urban	55.7	40.9	3.4	0.0	100.0	1,342
Rural	48.7	44.1	7.0	0.2	100.0	1,092
<u>Age Group</u>						
15-19	53.6	41.7	4.2	0.6	100.0	311
20-24	47.2	47.0	5.8	0.0	100.0	320
25-29	49.4	44.6	6.1	0.0	100.0	386
30-34	55.3	40.3	4.5	0.0	100.0	389
35-39	56.1	40.7	3.2	0.0	100.0	304
40-44	53.4	40.9	5.6	0.0	100.0	295
45-49	57.5	38.5	4.1	0.0	100.0	429
<u>Marital Status</u>						
Married, In Union	53.8	42.1	4.1	0.0	100.0	1,595
Previously Married	59.6	35.7	4.7	0.0	100.0	95
Never Married	50.7	43.0	6.2	0.2	100.0	744
<u>Education Level</u>						
Primary or less	50.8	42.6	6.6	0.0	100.0	324
Secondary Incomplete	52.6	42.0	5.4	0.0	100.0	1,115
Secondary Complete	53.0	42.3	4.3	0.4	100.0	578
Postsecondary	54.9	42.2	3.0	0.0	100.0	417
<u>Socio-economic Status</u>						
Low	50.2	42.1	7.9	0.0	100.0	693
Medium	52.5	43.5	3.8	0.2	100.0	1,130
High	56.4	39.9	3.6	0.0	100.0	611
<u>Ethnicity</u>						
Romanian	52.8	42.3	4.8	0.0	100.0	2,185
Hungarian	58.3	36.9	3.3	1.5	100.0	142
Roma	50.0	46.7	3.3	0.0	100.0	79
Other	35.6	43.2	21.2	0.0	100.0	28

on the acceptability of abortion varied very little according to respondents' demographic characteristics.

The 20% of women and 43% of men who thought a woman should "sometimes" (that is, not always) have the right to make personal decisions about pregnancy were further questioned about a woman's personal circumstances under which, in their opinion, abortion should be permitted (Table 12.4.2 and Figure 12.4.2). Almost 70% of women in this group thought that if a "fetus has malformations" or a "woman's life is endangered by pregnancy" (69%) that abortion should be permitted. Lower proportions thought abortion should be permitted if a "woman's health is endangered by pregnancy" (52%), a "pregnancy resulted from rape" (42%), the "family can not afford the child" (29%), and if a "woman is unmarried" (23%). The opinions of men who thought abortion is only acceptable under certain personal circumstances were similar, except a greater proportion of men than women (66% vs. 51%), thought abortion is permissible when a "woman's health is endangered by pregnancy". It should be mentioned that more than half of women and men

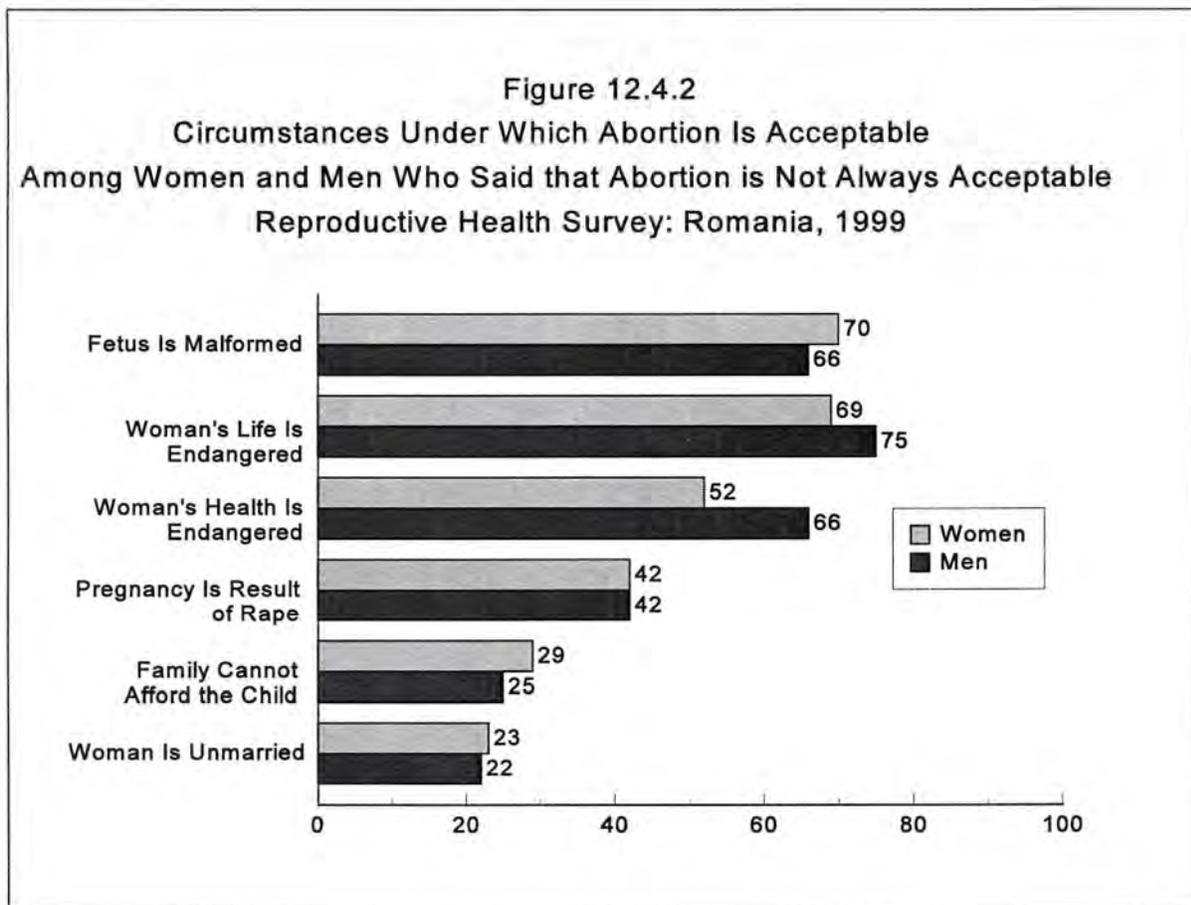


TABLE 12.4.2
Percent Distribution of Opinion Regarding Selected Circumstances
Under Which Abortion Is Acceptable
Women and Men of Reproductive Age Who Do Not Believe Abortion Is Always Acceptable
Reproductive Health Survey: Romania, 1999

Women Aged 15-44

<u>Circumstances</u>	<u>Acceptability of Abortion</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Yes</u>	<u>No</u>	<u>Depends</u>	<u>Do Not Know</u>		
Fetus Is Malformed	69.7	17.9	6.7	8.7	100.0	1,562
Woman's Life Is Endangered	69.4	17.9	7.8	4.8	100.0	1,562
Woman's Health Is Endangered	51.6	26.0	13.8	8.7	100.0	1,562
Pregnancy Is Result of Rape	42.4	28.0	18.3	11.3	100.0	1,562
Family Cannot Afford The Child	29.1	50.5	12.3	8.2	100.0	1,562
Woman Is Unmarried	23.3	51.2	18.7	6.8	100.0	1,562

Men Aged 15-49

<u>Circumstances</u>	<u>Acceptability of Abortion</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Yes</u>	<u>No</u>	<u>Depends</u>	<u>Do Not Know</u>		
Fetus Is Malformed	65.5	20.3	7.2	6.9	100.0	1,146
Woman's Life Is Endangered	75.0	17.1	4.9	3.1	100.0	1,146
Woman's Health Is Endangered	66.3	18.2	11.4	4.1	100.0	1,146
Pregnancy Is Result of Rape	41.6	32.9	19.7	5.8	100.0	1,146
Family Cannot Afford The Child	24.7	55.8	15.5	4.0	100.0	1,146
Woman Is Unmarried	21.6	51.8	22.6	3.9	100.0	1,146

TABLE 12.4.3A
Circumstances Under Which Abortion Is Acceptable
Among Women Aged 15-44 Who Believe Abortion Is Not Always Acceptable
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Circumstance</u>						<u>No. of Cases</u>
	<u>Fetus Is Malformed</u>	<u>Woman's Life Is Endangered</u>	<u>Woman's Health Is Endangered</u>	<u>Pregnancy Is Result of Rape</u>	<u>Cannot Afford the Child</u>	<u>Woman Is Not Married</u>	
Total	69.7	69.4	51.6	42.4	24.7	23.3	1,562
Residence							
Urban	69.7	73.5	51.8	41.8	25.3	19.7	868
Rural	69.6	63.2	51.2	43.3	24.0	28.9	694
Age Group							
15-19	54.3	62.7	50.5	36.8	23.4	22.5	246
20-24	67.9	70.7	47.3	39.0	25.5	22.6	269
25-29	75.4	71.2	57.0	48.1	19.2	30.5	311
30-34	81.4	75.5	53.1	49.8	31.4	21.0	290
35-39	71.5	72.2	55.1	39.7	26.0	18.3	207
40-44	72.0	66.8	47.8	42.1	28.0	18.3	239
Marital Status							
Married, In Union	75.6	70.5	52.7	46.4	25.4	24.0	1,085
Previously Married	69.6	74.5	55.3	36.6	33.1	31.5	109
Never Married	57.0	66.1	48.3	35.4	22.9	20.1	368
Education Level							
Primary or less	55.9	53.4	42.0	34.3	30.1	29.3	265
Secondary Incomplete	71.2	68.9	53.8	41.0	24.5	29.2	565
Secondary Complete	72.3	73.5	51.6	44.7	21.6	16.9	509
Postsecondary	76.9	81.1	57.7	50.5	25.0	16.3	223
Socio-economic Status							
Low	63.5	58.5	45.4	40.6	25.2	29.5	560
Medium	73.4	75.6	55.2	43.6	25.8	21.2	678
High	71.7	74.0	53.9	42.9	21.9	18.2	324
Ethnicity							
Romanian	70.7	69.9	51.1	42.1	24.8	22.4	1,345
Hungarian	66.4	73.4	52.0	50.8	17.7	18.1	114
Roma	61.3	59.5	58.6	31.8	33.4	38.4	78
Other	60.7	57.7	47.3	59.3	18.8	43.3	25

TABLE 12.4.3B
Circumstances Under Which Abortion Is Acceptable
Among Men 15-49 Who Believe Abortion Is Not Always Acceptable
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Circumstance</u>						<u>No. of Cases</u>
	<u>Fetus Is Malformed</u>	<u>Woman's Life Is Endangered</u>	<u>Woman's Health Is Endangered</u>	<u>Pregnancy Is Result of Rape</u>	<u>Cannot Afford the Child</u>	<u>Woman Is Not Married</u>	
Total	75.0	66.3	65.5	41.6	29.1	21.6	1,146
<u>Residence</u>							
Urban	78.0	69.8	69.5	45.6	29.0	20.5	588
Rural	71.2	61.9	60.6	36.7	29.2	23.1	558
<u>Age Group</u>							
15-19	69.9	59.3	52.1	40.2	27.9	17.5	141
20-24	71.9	70.1	60.9	43.1	24.0	23.7	161
25-29	73.2	62.9	68.3	37.1	33.2	25.5	193
30-34	76.3	68.3	76.4	42.3	33.6	22.1	181
35-39	84.3	73.5	71.4	47.9	29.0	24.5	138
40-44	75.3	64.5	66.6	45.1	27.4	19.5	143
45-49	78.6	66.6	67.2	36.5	27.4	17.3	189
<u>Marital Status</u>							
Married, In Union	78.2	67.2	70.3	42.5	31.9	21.7	749
Previously Married	72.6	76.4	72.5	51.4	32.6	23.4	42
Never Married	70.3	64.0	57.7	39.5	22.3	21.4	355
<u>Education Level</u>							
Primary or less	67.0	55.2	56.5	37.9	30.1	25.2	163
Secondary Incomplete	71.4	63.5	61.7	36.4	31.9	23.3	525
Secondary Complete	81.3	73.1	73.9	46.8	25.5	19.0	278
Postsecondary	83.0	74.1	72.4	52.0	29.0	17.7	180
<u>Socio-economic Status</u>							
Low	68.1	53.3	54.6	34.8	28.3	24.9	349
Medium	77.2	71.5	69.5	43.4	31.4	21.7	533
High	78.9	71.8	71.1	46.4	25.7	17.4	264
<u>Ethnicity</u>							
Romanian	75.3	66.5	64.9	41.8	28.2	21.6	1,031
Hungarian	76.3	71.9	67.4	50.9	34.6	13.0	63
Roma	70.1	53.8	79.8	30.6	36.5	34.3	35
Other	*	63.6	63.6	63.6	63.6	63.6	17

* Fewer than 25 observations in that category

who feel abortion is not always acceptable are against abortion under circumstances such as the "family can not afford the child" and the "woman is unmarried."

The opinions of this group (who think abortion is only sometimes acceptable) were further analyzed according to their demographic characteristics ([Tables 12.4.3A](#) and [12.4.3B](#)). In general, a higher percentage of better educated women and men in this group thought abortion acceptable when a "fetus has malformations", a "woman's life is endangered by pregnancy", a "woman's health is endangered by pregnancy" or when a "pregnancy resulted from rape. These can be characterized as "health-related" personal circumstances. Conversely, when a "family can not afford the child" or the "woman is unmarried," which could be characterized as "social" personal circumstances, abortion was more acceptable among respondents with less education. Both these circumstances were more agreeable among less educated respondents probably because they tend to be more conservative and more conscious of the economic cost of raising a child and the social stigma of having a child out of wedlock, compared to more educated and more affluent respondents.

12.5 Attitudes Toward Family and Reproductive Norms

The 99RRHS also explored attitudes towards reproductive norms, asking respondents to agree or disagree with five statements. Three fourths of both women and men agreed that "a woman could become pregnant at her first sexual intercourse" ([Table 12.5.1](#)). This represented an increase from 67% in the 93RRHS (data not shown). Fewer than half of women agreed with the other statements: "every individual must marry"; "a woman must be virgin at her marriage"; "a woman must have how many children God wants"; "children care is women's concern only." The overall data for men were, for the most part, similar.

There was considerable variation in the responses to these statements according to residence and education level. For example, almost twice as many rural than urban women thought that "a woman must be virgin at her marriage." The difference between rural and urban men was much smaller. Interestingly, a greater proportion of women than men (13% vs. 5%) thought "child care is a woman's job" and a much larger percentage of rural women thought this to be true than urban women. Again, the difference between rural and urban men was much smaller.

Concerning the statement "a woman must have the children that God gives her," about one fourth of women and less than half of men with a post secondary education believed this to be true, compared to women and men with a primary education only. This also reflects the greater propensity of people with more education to use a contraceptive method.

[Tables 12.5.2A](#) and 12.5.2B show respondents' opinions about what a woman should do if she has an unwanted pregnancy, according to the various personal circumstances a woman may find herself in when the pregnancy occurs. Of those women and men who think a woman should always have the right to make personal decisions about pregnancy, about 60% of both genders said she should have an abortion in the case of an unwanted pregnancy (60% of women and 57% of men). The data were similar in 1993 (data not shown).

Among those 22% of women who do not think abortion is always acceptable, for the "social" personal circumstances when they think abortion is acceptable, more than half of these women considered that in the event of an unintended pregnancy, if "the family can not afford the child" a woman should have an abortion. This proportion decreased from 67% in 93RRHS to 58% in 99RRHS (data not shown). A similar decline occurred for those who believed an abortion was acceptable if "the woman is unmarried," from 67% in 1993 to 53% in 1999 (data not shown).

The data were similar for the 47% of men who do not think abortion is always acceptable. More than half (57%) of men in this group said an abortion was indicated when "the family can not afford the child" and almost half (49%) when "the woman is unmarried." Less than half of both men and women who think abortion is not always acceptable felt abortion was acceptable when a woman's personal circumstances was such that she considered having an abortion for health-related reasons.

[Tables 12.5.3A](#) and [12.5.3B](#) show the above data on opinions of what a woman should do in case of an unintended pregnancy, according to socio-economic characteristics. In general, women are more likely to prefer abortion as a solution for unintended pregnancies if they are older and in higher socio-economic categories. Younger women, while still favoring abortion as a solution overall, were more likely to want to have the child adopted than older women. Similarly, those women in lower socio-groups, while also still favoring abortion as a solution overall, were more likely to want to keep the child than higher socio-economic group women. According to socio-economic group, the data for men were similar, though overall, men were less likely to regard abortion as a solution and twice as likely as women to report adoption as the best solution to an unwanted pregnancy.

Women and were also asked their opinion regarding which partner should take responsibility for avoiding unintended pregnancies ([Tables 12.5.4A](#) and [12.5.4B](#)). Over 90% of women and 86% of men thought this was the responsibility of both partners. Slightly fewer respondents of both genders thought "both" partners are responsible if they are in lower socio-economic and education groups.

TABLE 12.5.1
Percentage of Women and Men of Reproductive Age
Who Agree With Selected Statements Concerning Reproductive Norms
by Residence and Education
Reproductive Health Survey: Romania, 1999

Women Aged 15-44							
STATEMENTS	Residence			Education Level			
	Total	Urban	Rural	Primary	Some Secondary	Secondary Complete	Post- Secondary
A Woman Can Get Pregnant the The First Time She Has Sex	74.7	78.7	67.7	64.0	71.2	78.6	86.1
Every Individual Should Get Married	48.4	40.5	62.2	67.4	55.2	43.5	23.6
A Woman Should Be A Virgin At Her Marriage	38.4	29.0	54.7	69.8	46.0	25.9	12.8
A Woman Must Have The Children That God Gives Her	28.9	23.1	38.9	49.8	34.2	19.1	13.5
Child Care Is A Woman's Job	13.2	8.3	21.5	33.3	14.9	5.8	2.1
Number of Cases	6,888	3,914	2,974	1,210	2,524	2,087	1,067
Men Aged 15-49							
STATEMENTS	Residence			Education Level			
	Total	Urban	Rural	Primary	Some Secondary	Secondary Complete	Post- Secondary
A Woman Can Get Pregnant The First Time She Has Sex	74.5	78.3	68.9	60.4	70.0	82.2	87.3
Every Individual Should Get Married	57.3	51.3	65.9	68.3	64.0	52.6	37.0
A Woman Should Be A Virgin At Her Marriage	31.8	25.1	41.4	48.8	37.9	24.1	12.5
A Woman Must Have The Children That God Gives Her	34.1	29.7	40.4	48.0	40.4	23.6	20.2
Child Care Is A Woman's Job	4.7	3.8	6.0	11.7	5.4	2.0	0.9
Number of Cases	2,434	1,342	1,092	324	1,115	578	417

TABLE 12.5.2
Opinion Regarding What Should a Woman Do About an Unintended Pregnancy
Among Women and Men of Reproductive Age
by Selected Circumstances Under Which Abortion Is Acceptable
Reproductive Health Survey: Romania, 1999

<u>Women's Opinion Regarding What Should a Woman Do About an Unintended Pregnancy</u>						
<u>Circumstance Under Which Abortion Is Acceptable</u>	<u>Have Abortion</u>	<u>Keep Child</u>	<u>Have Child Adopted</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Woman's Life Is Endangered	37.1	39.9	15.0	7.9	100.0	1,092
Fetus Is Malformed	40.6	36.4	13.4	9.8	100.0	1,119
Pregnancy Is Result of Rape	47.3	31.4	11.9	9.4	100.0	661
Woman's Health Is Endangered	41.0	34.2	15.6	9.2	100.0	798
Woman Is Unmarried	52.7	28.5	12.2	6.7	100.0	368
Family Cannot Afford the Child	58.4	22.9	10.5	8.2	100.0	453

<u>Men's Opinion Regarding What Should a Woman Do About an Unintended Pregnancy</u>						
<u>Circumstance Under Which Abortion Is Acceptable</u>	<u>Have Abortion</u>	<u>Keep Child</u>	<u>Have Child Adopted</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Woman's Life Is Endangered	32.9	39.1	21.8	6.3	100.0	864
Fetus Is Malformed	37.7	36.4	20.2	5.7	100.0	767
Pregnancy Is Result of Rape	43.7	33.5	17.5	5.3	100.0	475
Woman's Health Is Endangered	35.9	37.1	21.3	5.8	100.0	758
Woman Is Unmarried	49.3	33.7	11.2	5.9	100.0	247
Family Cannot Afford the Child	57.3	22.7	12.4	7.6	100.0	282

TABLE 12.5.3A
Opinion Regarding What Should a Woman Do About an Unintended Pregnancy
Among Women of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Opinion Regarding What Should a Woman Do</u> <u>About an Unintended Pregnancy</u>				<u>Total</u>	<u>No. of</u> <u>Cases</u>
	<u>Have</u> <u>Abortion</u>	<u>Keep The</u> <u>Child</u>	<u>Have Child</u> <u>Adopted</u>	<u>Don't</u> <u>Know</u>		
Total	54.3	29.6	7.2	8.9	100.0	6,888
<u>Residence</u>						
Urban	58.5	26.6	6.6	8.3	100.0	3,914
Rural	47.1	34.7	8.3	10.0	100.0	2,974
<u>Age Group</u>						
15-19	40.8	38.4	12.5	8.3	100.0	924
20-24	50.8	31.1	8.9	9.3	100.0	1,239
25-29	58.4	27.1	5.4	9.2	100.0	1,310
30-34	63.4	23.3	4.5	8.8	100.0	1,368
35-39	59.0	27.2	4.0	9.8	100.0	955
40-44	55.2	29.5	7.0	8.3	100.0	1,092
<u>Marital Status</u>						
Married, In Union	58.1	27.6	5.4	9.0	100.0	4,846
Previously Married	60.3	25.0	7.1	7.6	100.0	476
Never Married	44.2	35.3	11.4	9.1	100.0	1,566
<u>Education Level</u>						
Primary or less	47.8	35.1	9.2	7.9	100.0	1,210
Secondary Incomplete	52.4	31.9	7.1	8.6	100.0	2,524
Secondary Complete	57.9	26.5	6.5	9.2	100.0	2,087
Postsecondary	58.4	24.5	6.9	10.2	100.0	1,067
<u>No. of Living Children</u>						
0	46.3	34.0	10.2	9.5	100.0	2,330
1	61.9	24.9	5.0	8.1	100.0	1,927
2	60.7	25.5	5.2	8.6	100.0	1,844
3 +	50.2	34.1	6.1	9.7	100.0	787
<u>Socio-economic Status</u>						
Low	48.8	33.3	8.6	9.3	100.0	2,382
Medium	55.3	29.3	7.2	8.3	100.0	3,076
High	78.7	19.3	2.0	0.0	100.0	1,430
<u>Ethnicity</u>						
Romanian	54.3	29.9	7.3	8.5	100.0	6,004
Hungarian	55.3	26.6	4.8	13.1	100.0	442
Roma	54.5	29.5	8.5	10.5	100.0	346
Other	49.2	33.8	6.1	10.9	100.0	96

TABLE 12.5.3B
Opinion Regarding What Should a Woman Do About an Unintended Pregnancy
Among Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Opinion Regarding What Should a Woman Do About an Unintended Pregnancy</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Have Abortion</u>	<u>Keep The Child</u>	<u>Have Child Adopted</u>	<u>Don't Know</u>		
Total	43.9	34.7	14.3	7.1	100.0	2,434
Residence						
Urban	48.8	30.9	13.6	6.8	100.0	1,342
Rural	37.0	40.1	15.3	7.6	100.0	1,092
Age Group						
15-19	34.6	43.0	19.4	3.1	100.0	311
20-24	38.9	34.3	17.9	9.0	100.0	320
25-29	46.3	35.1	13.5	5.1	100.0	386
30-34	53.2	26.3	12.9	7.6	100.0	389
35-39	49.3	33.8	9.2	7.8	100.0	304
40-44	44.8	33.5	11.0	10.8	100.0	295
45-49	43.0	36.1	14.2	6.8	100.0	429
Marital Status						
Married, In Union	48.2	33.3	11.5	7.0	100.0	1,595
Previously Married	44.3	37.7	11.3	6.7	100.0	95
Never Married	36.9	36.6	19.2	7.4	100.0	744
Education Level						
Primary or less	33.0	45.6	14.0	7.3	100.0	324
Secondary Incomplete	41.6	38.1	13.6	6.8	100.0	1,115
Secondary Complete	47.9	29.5	16.3	6.3	100.0	578
Postsecondary	53.6	23.9	13.8	8.8	100.0	417
No. of Living Children						
0	39.1	36.3	17.5	7.1	100.0	1,000
1	51.6	27.8	13.8	6.8	100.0	608
2	46.9	34.7	11.0	7.5	100.0	607
3 +	41.8	44.2	7.0	7.0	100.0	219
Socio-economic Status						
Low	35.0	42.2	15.3	7.5	100.0	693
Medium	44.9	33.1	14.6	7.4	100.0	1,130
High	51.8	29.4	12.6	6.3	100.0	611
Ethnicity						
Romanian	43.8	34.9	14.5	6.8	100.0	2,185
Hungarian	47.9	30.1	12.6	9.4	100.0	142
Roma	41.5	36.2	12.0	10.3	100.0	79
Other	46.0	31.9	13.1	9.1	100.0	28

TABLE 12.5.4A
Opinion About Who Should Take Responsibility For An Unwanted Pregnancy
Among Women of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Who Should Take Responsibility For An Unwanted Pregnancy</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Both Partners</u>	<u>The Woman</u>	<u>The Man</u>	<u>Don't Know</u>		
Total	90.5	4.8	3.1	1.6	100.0	6,888
<u>Residence</u>						
Urban	92.5	4.0	2.4	1.2	100.0	3,914
Rural	87.1	6.2	4.3	2.5	100.0	2,974
<u>Age Group</u>						
15-19	90.7	5.0	2.9	1.5	100.0	924
20-24	92.0	3.6	3.1	1.4	100.0	1,239
25-29	90.1	4.8	3.6	1.5	100.0	1,310
30-34	91.5	4.6	2.9	1.0	100.0	1,368
35-39	90.4	4.8	2.8	2.0	100.0	955
40-44	88.3	6.0	3.2	2.5	100.0	1,092
<u>Marital Status</u>						
Married, In Union	90.3	4.7	3.4	1.6	100.0	4,846
Previously Married	86.9	6.4	3.6	3.1	100.0	476
Never Married	91.9	4.5	2.3	1.3	100.0	1,566
<u>Education Level</u>						
Primary or less	81.1	9.6	5.0	4.4	100.0	1,210
Secondary Incomplete	89.6	4.6	4.0	1.8	100.0	2,524
Secondary Complete	94.6	2.6	2.1	0.8	100.0	2,087
Postsecondary	94.8	4.0	1.1	0.1	100.0	1,067
<u>No. of Living Children</u>						
0	92.4	4.1	2.1	1.4	100.0	2,330
1	91.6	4.0	3.4	1.0	100.0	1,927
2	89.9	4.8	3.6	1.7	100.0	1,844
3 +	82.8	8.6	4.7	3.9	100.0	787
<u>Socio-economic Status</u>						
Low	84.5	7.1	4.8	3.7	100.0	2,382
Medium	92.7	3.8	2.8	0.8	100.0	3,076
High	94.4	3.7	1.5	0.4	100.0	1,430
<u>Ethnicity</u>						
Romanian	91.3	4.5	3.0	1.3	100.0	6,004
Hungarian	92.2	2.8	3.0	2.1	100.0	442
Roma	76.7	11.0	5.2	7.1	100.0	346
Other	85.5	8.4	4.7	1.5	100.0	96

TABLE 12.5.4B
Opinion About Who Should Take Responsibility For An Unwanted Pregnancy
Among Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Who Should Take Responsibility For An Unwanted Pregnancy</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Both Partners</u>	<u>The Woman</u>	<u>The Man</u>	<u>Don't Know</u>		
Total	85.9	4.7	6.6	2.7	100.0	2,434
Residence						
Urban	88.1	4.9	5.1	1.9	100.0	1,342
Rural	82.8	4.4	9.0	3.9	100.0	1,092
Age Group						
15-19	83.2	3.0	9.4	3.1	100.0	311
20-24	86.9	4.3	5.9	2.9	100.0	320
25-29	82.6	5.1	8.3	4.0	100.0	386
30-34	87.4	4.4	6.4	1.8	100.0	389
35-39	89.0	2.8	6.1	2.1	100.0	304
40-44	85.4	5.7	6.7	2.2	100.0	295
45-49	87.8	3.7	6.6	1.9	100.0	429
Marital Status						
Married, In Union	86.7	3.9	7.4	2.1	100.0	1,595
Previously Married	77.1	9.0	6.6	7.2	100.0	95
Never Married	85.6	5.5	5.5	3.3	100.0	744
Education Level						
Primary or less	79.2	6.1	7.8	7.0	100.0	324
Secondary Incomplete	82.9	6.1	7.9	3.1	100.0	1,115
Secondary Complete	90.1	2.3	6.5	1.0	100.0	578
Postsecondary	93.7	3.1	2.7	0.5	100.0	417
No. of Living Children						
0	85.1	5.8	5.7	3.4	100.0	1,000
1	87.5	3.7	7.2	1.7	100.0	608
2	87.5	3.8	7.6	1.2	100.0	607
3+	82.4	3.7	8.0	6.0	100.0	219
Socio-economic Status						
Low	79.6	4.8	10.4	5.3	100.0	693
Medium	86.5	5.7	5.6	2.2	100.0	1,130
High	91.7	2.7	4.6	1.0	100.0	611
Ethnicity						
Romanian	86.1	4.9	6.6	2.4	100.0	2,185
Hungarian	88.9	3.4	4.4	3.3	100.0	142
Roma	75.6	2.9	10.4	11.1	100.0	79
Other	91.4	0.0	8.6	0.0	100.0	

CHAPTER XIII

HEALTH BEHAVIORS

The transition to market economies in many post-communist societies of the former Soviet Union and other former eastern bloc countries in Europe has produced dramatic social, political and economic changes, which in turn have had a profound effect on health. Among the most serious consequences has been a significant drop in life expectancy. The immediate cause of the rising mortality, is a rise in health-destructive behavior, especially among men. Old problems, such as alcoholism and tobacco use have increased. Rising mortality from cardiovascular diseases, the leading cause of death in most countries of the region, reflects the effect of such risk factors and the inability of a deteriorating health system to provide adequate with prevention services and treatment (e.g., low quality hypertension screening, lack of follow-up, poor emergency care, low access to proper medication).

In response to restricted opportunities and declining markets in Western societies, the transnational tobacco companies have concentrated their efforts—including manufacturing, distribution and advertising—in less developed countries, in which smoking related diseases are on the increase. The prevalence of smoking is rising most rapidly among young women in many countries, including Romania. According to a WHO report, smoking kills over 20,000 men and 6,000 women each year in Romania (Piha T., et al., 1993). As well as causing lung cancer and cardiovascular diseases, smoking poses specific risks to women. It increases the risk of cervical cancer, greatly modifies the risks associated with taking the contraceptive pill, and affects women's reproductive health by increasing the risk of early menopause, miscarriage, and low birthweight babies. Alcohol use among women has also risen. Women who drink heavily are more likely than men to develop complications such as cirrhosis of the liver.

Cancer is a leading cause of death in women, in both the developed and developing world. Among reproductive system cancers, breast and cervical cancer are the most common. In developing countries most cases are detected at an advanced and incurable stage, due to unfounded low perception of being at risk, lack of awareness of the symptoms of the disease, a fatalistic attitude towards cancer generally, lack of information or mistrust about the possibility of a cure, lack of, or inefficient screening services, and a low priority for women's health issues.

13.1 Cigarette Smoking

Tobacco is a potent human carcinogen that has been shown to be related to many cancers, including those of the respiratory and digestive tracts, bladder, cervix and kidney. Worldwide cigarette smoking accounts for 87% of lung cancer deaths, and 30% of all cancer deaths. Smoking is also a risk factor for atherosclerosis—the clogging of the blood vessels with fat and cholesterol—which is a major risk factor for heart attacks, strokes, and blood clots of the legs and lungs. Smoking also contributes to the large number of people with asthma, emphysema, pneumonia, and osteoporosis. Maternal smoking has been linked to low birth weight babies, pre-term deliveries, miscarriages, sudden infant death syndrome, and respiratory problems of infants (DiFranza & Lew RA, 1996).

Tobacco use in Eastern Europe has increased to alarming proportions since 1990, owing mostly to the transition toward a market economy and the arrival of the international tobacco industry whose costly promotional campaigns for their products have thrived in the absence of legislative regulations. Facing increasing restrictions in the U.S. and Western Europe, transnational tobacco companies have been expanding rapidly through local manufacturing and aggressive advertising in Eastern Europe and the Newly Independent States (NIS). Recent population-based surveys of reproductive health conducted in Central and Eastern Europe documented that smoking prevalence among reproductive age women ranges from 30% in Czech Republic (Goldberg et al., 1995), to 25% in Russia (VCIOM and CDC, 1998), to 22% in Romania (Serbanescu et al., 1995). Additional data about tobacco use among youth in Romania have shown a sharp increase in prevalence among young women (from 15% to 20%) and a prevalence of 47% among young men (Serbanescu et al., 1998). Currently, tobacco control policies in Romania are neither comprehensive nor strongly enforced. Restrictions on tobacco advertising and promotion have been recently imposed, but no systematic efforts have been made toward ensuring prohibition of smoking in public places, preserving smoke-free environments, restricting cigarette sales to children and teenagers, developing health promotion campaigns, and promoting smoking cessation services. Because tobacco is such a profitable commodity, the trade benefits are often prevailing against health interests. Gains from tobacco sales, however, are likely to be offset by the enormous cost of treating the health consequences of tobacco use.

The 99RRHS included two questions for determining cigarette smoking status: "Have you smoked at least 100 cigarettes in your entire life?" and, for those who ever smoked 100 cigarettes, "During the last 30 days did you smoke every day, almost every day, some days, or not at all?" Additional questions explored the number of cigarettes smoked by current smokers and the age of smoking initiation. As shown in [Table 13.1.1](#), 39% of women reported smoking at least 100 cigarettes during their lifetime (ever smokers), including 30% who have smoked daily during the 30 days preceding the survey (current smokers). The proportion of smokers among men was much

Table 13.1.1
Percentage of Women and Men Who Have Ever Smoked and Who Currently Smoke
by Selected Characteristics
Women and Men of Reproductive Age
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women Aged 15-44</u>			<u>Men Aged 15-49</u>		
	<u>% Ever Smoked</u>	<u>% Currently Smoke</u>	<u>No. of Cases</u>	<u>% Ever Smoked</u>	<u>% Currently Smoke</u>	<u>No. of Cases</u>
Total	38.9	29.7	6,888	72.4	53.7	2,434
<u>Residence</u>						
Urban	45.0	34.6	3,914	72.8	54.6	1,342
Rural	28.3	21.3	2,974	71.9	52.4	1,092
<u>Region</u>						
Bucharest	50.9	39.4	534	73.4	55.9	223
Vallahia	38.6	29.8	2,537	74.2	56.0	839
Transylvania	39.7	30.0	2,328	70.3	50.4	940
Moldova	30.5	23.1	1,489	72.4	54.3	432
<u>Age Group</u>						
15-24	32.7	25.7	2,163	57.8	45.4	631
25-34	44.7	34.7	2,678	75.6	58.4	775
35-44(49)	39.8	29.0	2,047	82.2	57.0	1,028
<u>Marital Status</u>						
Currently Married, In Union	40.7	30.5	4,846	80.7	58.1	1,595
Previously Married, In Union	53.6	46.9	476	84.1	75.1	95
Never Married	31.1	23.8	1,566	57.7	44.3	744
<u>Education Level</u>						
Primary or less	29.7	25.5	1,210	67.0	51.1	324
Secondary Incomplete	37.5	29.0	2,524	71.7	55.1	1,115
Secondary Complete	42.0	31.5	2,087	76.2	56.8	578
Postsecondary	45.5	32.5	1,067	73.8	48.1	417
<u>Socio-economic Status</u>						
Low	31.3	25.0	2,382	73.8	55.7	693
Middle	40.3	30.8	3,076	71.5	53.4	1,130
High	46.1	34.0	1,430	72.7	52.1	611
<u>Employment Status</u>						
Currently Employed	46.2	34.7	3,086	77.6	55.9	1,446
Not Currently Employed	32.7	25.6	3,802	65.6	50.8	988
<u>Ethnicity</u>						
Romanian	37.4	28.3	6,004	72.3	53.1	2,185
Hungarian	44.0	33.2	442	66.1	50.9	142
Roma	55.6	47.0	346	83.7	74.8	79
Other	42.1	37.1	96	75.3	48.9	28

Table 13.1.2
Percentage of Women and Men Who Have Smoked During the Past Month
by Number of Cigarettes Smoked Daily By Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	Women Aged 15-44					Men Aged 15-49				
	No. of Cigarettes per Day				No. of Cases	No. of Cigarettes per Day				No. of Cases
	1-5	6-10	11+	Total		1-5	6-10	11+	Total	
Total	38.9	32.6	28.5	100.0	2,353	15.7	22.4	61.9	100.0	1,473
Residence										
Urban	37.2	32.6	30.3	100.0	1,603	13.7	23.7	62.7	100.0	813
Rural	43.6	32.8	23.6	100.0	750	18.7	20.6	60.7	100.0	660
Region										
Bucharest	29.0	29.3	41.8	100.0	231	10.9	19.5	69.5	100.0	139
Vallahia	39.8	32.7	27.5	100.0	892	16.5	21.0	62.5	100.0	524
Transylvania	39.3	33.4	27.4	100.0	838	16.6	22.2	61.2	100.0	552
Moldova	45.5	34.1	20.4	100.0	392	15.3	26.9	57.7	100.0	258
Age Group										
15-24	46.2	32.5	21.3	100.0	656	22.8	30.9	46.4	100.0	333
25-34	37.3	34.6	28.1	100.0	1,030	14.8	22.4	62.8	100.0	505
35-44(49)	33.1	30.1	36.8	100.0	667	11.5	16.5	72.0	100.0	635
Marital Status										
Currently Married	37.9	33.0	29.1	100.0	1,654	12.7	19.5	67.7	100.0	1,005
Previously Married	25.9	33.0	44.7	100.0	235	10.1	19.5	70.4	100.0	76
Never Married	47.1	29.4	20.0	100.0	464	22.6	28.6	48.9	100.0	392
Education Level										
Primary or less	31.9	38.4	29.7	100.0	328	17.0	20.5	62.5	100.0	188
Secondary Incomplete	42.0	29.8	28.3	100.0	838	14.5	23.6	61.9	100.0	695
Secondary Complete	37.4	34.1	28.5	100.0	776	15.3	21.7	63.1	100.0	354
Postsecondary	40.8	31.2	28.0	100.0	411	18.7	21.6	59.7	100.0	236
Socio-economic Status										
Low	39.1	34.7	26.2	100.0	667	17.2	22.1	60.7	100.0	446
Middle	40.4	31.3	28.3	100.0	1,076	14.6	22.2	63.2	100.0	674
High	36.3	32.8	30.9	100.0	610	16.0	23.1	60.9	100.0	353
Employment Status										
Currently Employed	36.3	35.3	28.4	100.0	1,233	14.7	21.0	64.3	100.0	880
Not Currently Employed	41.8	29.6	28.5	100.0	1,120	17.2	24.4	58.4	100.0	593
Ethnicity										
Romanian	40.2	32.0	27.8	100.0	1,975	15.7	21.8	62.5	100.0	1,312
Hungarian	40.4	33.1	26.5	100.0	165	18.7	31.6	49.7	100.0	84
Roma	28.2	35.7	36.1	100.0	177	13.1	22.6	64.2	100.0	63
Other	12.4	52.7	34.8	100.0	36	8.6	24.4	67.0	100.0	14

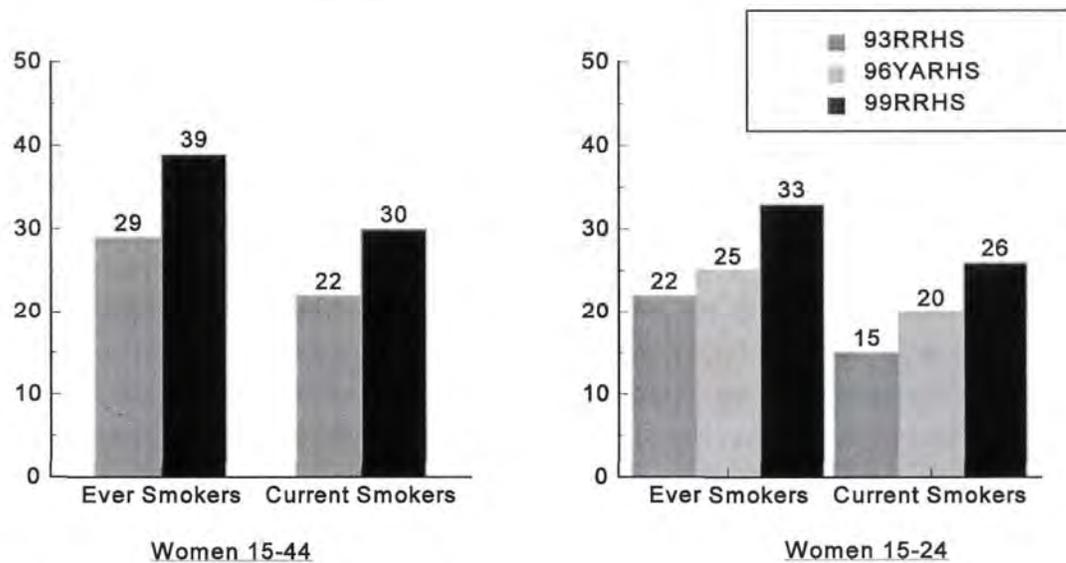
higher: 72% of male respondents have ever smoked, including 54% who were currently smoking at the time of the interview. In addition, 4% of women and 6% of men reported smoking within the past 30 days but less than every day (data not shown). These levels place Romania among the countries with the highest smoking prevalence among former communist countries of Central and Eastern Europe and the NIS. Only Poland and Czech Republic (countries that recently banned tobacco advertising and promotion) report higher smoking prevalence among women, while Hungary reports higher prevalence among adult men (Piha T., et al., 1993).

Women residing in urban areas were significantly more likely than rural women to have ever smoked and to be current smokers. Among men smoking prevalence did not vary by residence. The highest percentage of ever and current women smokers reside in Bucharest (51% and 39%, respectively). Women aged 25-34 years reported higher smoking prevalence than young adult women and those aged 35 years or older (35% vs. 26% and 29%). Among men, both past and current smoking experience was directly correlated with age. Only after age 44 the proportion of current male smokers decreased slightly (data not shown). Among respondents of both sexes, currently and previously married respondents were much more likely than those who have never been married to have ever smoked or to smoke currently. Smoking increased with the educational attendance of women but was lower among men with primary education or less. Smoking was slightly less prevalent among women with low SES and did not vary by SES among men. Respondents who were currently employed (presumably older) were more likely than those not employed (and probably still in school) to have ever smoked and to be current smokers. Among respondents of both sexes, smoking was significantly higher among those of Roma ethnic descent—47% of Roma women and 75% of Roma men reported smoking daily during the past month.

As shown in [Table 13.1.2](#), 61% of women and the majority of men (84%) who reported smoking within the 30 days prior to interview smoked six or more cigarettes daily (including 29% of women and 62% of men who were using more than half a pack daily). Women respondents who were currently smoking 11 or more cigarettes per day were slightly more likely to live in urban areas (30%) than in rural areas (24%), including Bucharest where the prevalence of heavy smoking among women is the highest (42%). Heavy smoking also tended to be more common among women who were older (37% among 34-44-year-olds), currently or previously married, or of Roma ethnic background (36%). Among male respondents, current heavy smoking (eleven or more cigarettes per day) was significantly more prevalent among Bucharest residents (70%), for those 35 years of age or older (72%) and married or previously married men.

In the 93RRHS, 29% of women of reproductive age had ever smoked and 22% were current smokers. In 99RRHS, ever-use of cigarette and current use was 35% and 32% higher (39% and

Figure 13.1.1
Percentage of Women Who Have Ever Smoked and Who Currently Smoke
Among All Women and Young Adult Women
Reproductive Health Survey: Romania, 1993, 1996, and 1999



30%, respectively) (Figure 13.1.1). The highest increase in ever-use (50%) was reported by young women aged 15-24 years (from 22% to 33%), compared to 16% increase among women aged 25-34 and 36% increase among women aged 35 or older (data not shown). Similarly, the increase in current tobacco use was the highest among young adult women, from 15% in 1993, to 20% in 1996, and 26% in 1999, a 73% increase between 1993 and 1999. The percentage of current smokers increased among all young adults, but much faster among 18-19-year-olds (from 10% in 1993 to 27% in 1999), rural women (from 16% to 27%), unmarried women (from 16% to 30%), and those with high SES (from 22% to 36%). Between 1993 and 1999, heavy smoking (11 or more cigarettes per day) among young women increased by 27% and smoking of 6-10 cigarettes per day declined by 20% (data not shown).

Trend data for men are available only for young adults (men were not interviewed in the 93RRHS). Between the 96YARHS and the 99RRHS, the rate of past and current smoking among young men remained essentially the same, regardless of background characteristics. Between the two surveys, however, more current smokers reported 11 or more cigarettes daily (46% vs. 40%).

TABLE 13.1.3
Percentage of Young Adult Women Who Used Tobacco By Selected Characteristics
Women 15-24 Years of Age
Reproductive Health Surveys: Romania, 1999

<u>Characteristic</u>	<u>Cigarette Use</u>						<u>Unweighted No. of Cases</u>		
	<u>% Ever Smoked</u>			<u>% Current Smokers</u>			<u>1993</u>	<u>1996</u>	<u>1999</u>
	<u>1993</u>	<u>1996</u>	<u>1999</u>	<u>1993</u>	<u>1996</u>	<u>1999</u>			
Total	22.3	24.9	32.7	15.4	19.8	25.7	1,640	2,025	2,163
<u>Residence</u>									
Urban	27.5	31.0	36.8	19.9	25.1	29.4	943	983	1,171
Rural	15.7	17.0	26.8	9.6	12.9	20.5	697	1,042	992
<u>Region</u>									
Bucharest	29.3	37.4	40.8	21.6	32.8	32.2	311	192	154
Vallahia	18.1	24.0	33.9	12.1	18.4	26.6	547	724	816
Transylvania	28.1	27.7	31.6	19.9	22.6	24.8	439	670	701
Moldova	18.6	15.7	28.2	12.4	11.2	22.5	343	439	492
<u>Age Group</u>									
15-17	10.6	12.4	18.6	7.4	8.9	13.7	451	738	465
18-19	17.7	24.6	34.3	9.7	18.7	27.0	293	501	459
20-24	32.7	32.7	38.5	23.6	27.0	30.8	896	786	1,239
<u>Marital Status</u>									
Married&In Union	34.0	33.1	39.6	23.8	27.1	31.0	716	570	780
Unmarried	15.8	20.3	29.9	10.8	15.7	23.6	924	1,455	1,383
<u>Education</u>									
Primary or less	23.4	21.5	28.3	16.5	19.2	25.2	280	460	505
Secondary Incomplete	17.3	22.7	32.2	12.9	18.0	23.3	654	917	789
Secondary Complete	26.6	28.1	31.5	17.2	21.7	25.8	544	454	485
Postsecondary	28.8	32.4	40.5	18.2	23.2	31.2	162	194	384
<u>Socio-economic Status</u>									
Low	18.8	21.7	30.1	12.6	18.0	24.4	687	917	824
Middle	25.4	26.6	32.8	18.4	20.9	25.9	760	876	896
High	21.8	29.4	36.4	12.5	21.8	27.5	193	232	443
<u>Current Employment</u>									
Employed	30.7	35.0	42.4	21.1	30.6	34.7	446	396	541
Unemployed	19.7	21.8	29.6	13.6	16.5	22.9	1,194	1,629	1,622

Figure 13.1.2
 Percentage of Young Adults Who Have Ever Smoked Regularly Before
 Given Ages-Life Table Estimates
 Women and Men Aged 15-24
 Reproductive Health Surveys: Romania, 1996 and 1999

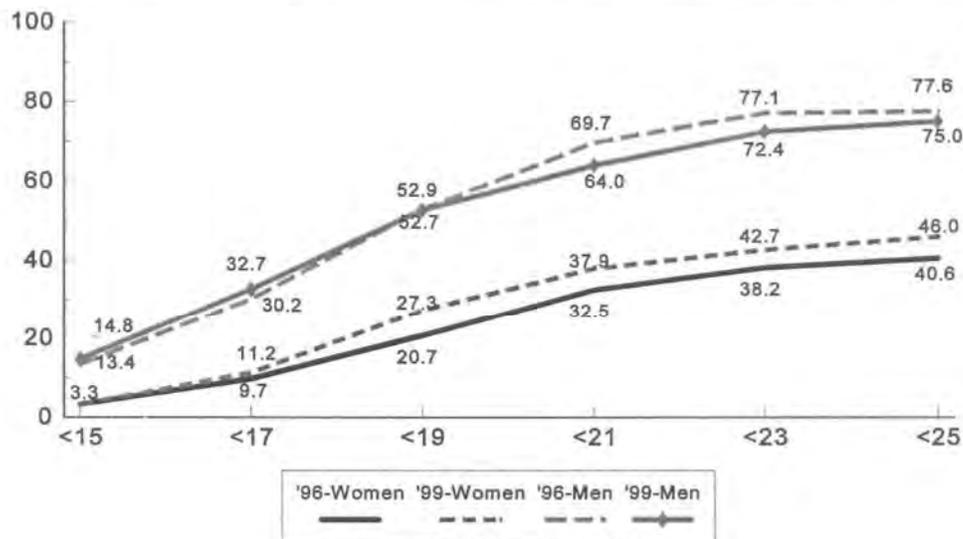


Figure 13.1.2 shows data from 1996 and 1999 surveys on ages at which young adults started to smoke regularly. Compared to young women, young men were much more likely to have smoked regularly at any give age in both surveys and the differences are higher if smoking was initiated at an earlier age. Between 96YARHS and 99RRHS, the cumulative life-table probability of initiating habitual smoking did not change much at young ages: only 3% of women and 13%-15% of men started to smoke by age 15, and 10%—11% of women vs. 30%-33% of men started to smoke by age 17 in both surveys. After age 17, however, the probabilities of initiating smoking had increased for women and did not changed substantially for men. In 96YARHS, the probabilities of starting smoking regularly ranged from 21% by age 19 to 41% by age 25 for young women and from 53% to 78%, respectively, for young men. In 99RRHS, these probabilities ranged from 27% to 46% of women and from 53% to 75% for men. Thus, the gap between male and female initiation of smoking narrowed by age 25 in 99RRHS compared to 96YARHS (46% to 75% vs. 41% to 78%). In recent years, the tobacco industry was increasingly targeting Romanian women, particularly young women, for advertising and promotion campaigns—associating smoking with modernity, sophistication, and success; the 99RRHS findings suggest that these campaigns may have accomplished their goal.

13.2 Alcohol Use

Alcohol use among young adults has been shown to be related to risky sexual behaviors, violence, and academic problems (DJ Hanson and RC Engs, 1992). Episodic heavy drinking has been shown to be strongly correlated with serious injuries, particularly from motor vehicle accidents. Alcohol abuse among women of reproductive age has additional significance because of its potential harm to the fetus or children. No one knows how much alcohol it takes to harm a fetus or if any mothers can drink safely. However, it is known that the more alcohol a pregnant woman drinks, the greater the chances of birth defects (fetal alcohol syndrome). Even "social drinking" may cause minor developmental problems in an otherwise normal baby.

Romania has a long tradition of producing and drinking wine. The economic and political transition has changed both the type of drinks more often used (from wine to beer and strong liquors) and the drinking patterns (from occasional drinks to frequent drinks and bingeing), especially among young adults. Although alcohol consumption is perceived to be high in Romania, though there are no reliable statistics on consumption after 1990, since the former system based on data on state-control sales has yet to be replaced with other assessment tools.

Only one previous study has assessed alcohol use among a subgroup of the general population (Serbanescu et al., 1998). The 96YARHS was the first representative study to address this alcohol use among young adult women and men finding that, alcohol use began at early ages for young men (35% of males reported consuming alcohol before age 11) but not for young women (5% reported alcohol use before age 11); only 40% of young women but 86% of young men reported drinking during the three months preceding the survey. Women were also much less likely than men to consume alcohol daily or almost daily (2% vs. 19%) or to binge (1% vs. 27%).

The 99RRHS included the same set of questions used in 96YARHS for assessing alcohol use practices. Alcohol use was measured by asking each respondent how many drinks did they have at any given occasion during the past three months and how often did they drink that amount. Respondents who have had at least one drink per month within the last three months were considered "current drinkers," those who had at least one drink every day or almost every day were defined as "current frequent drinkers." and those who consumed 5 or more drinks in a row (4 or more for female respondents) at any given time during the three months preceding the survey were defined as "episodic heavy drinkers."

In 99RRHS, 61% of reproductive age women and the vast majority of men (90%) used alcohol during the previous three months, including 54% of women and 88% of men who had at least one drink per month ([Tables 13.2A](#) and [13.2B](#)). Overall, about one in four women and three

Table 13.2A
Percentage of Women of Reproductive Age Who Used Alcohol During the Previous Three Months
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

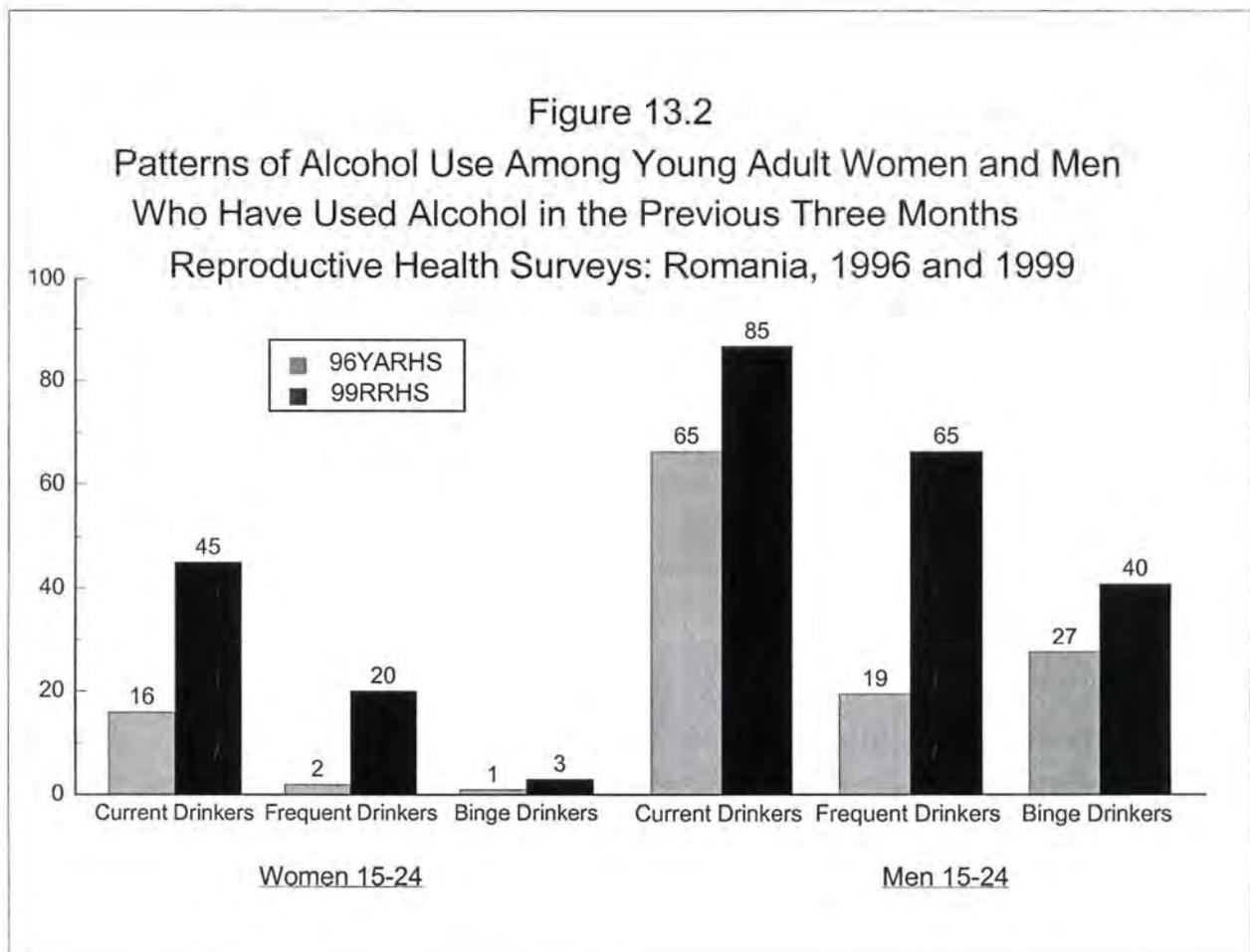
<u>Characteristic</u>	<u>Alcohol Use</u>				<u>Unweighted No. of Cases</u>
	<u>% Ever Drank</u>	<u>% Current Drinkers</u>	<u>% Current Frequent Drinkers</u>	<u>% Current Episodic Drinkers</u>	
Total	60.5	53.6	27.7	2.1	6,888
<u>Residence</u>					
Urban	62.2	54.4	27.4	1.8	3,914
Rural	57.5	52.3	28.2	2.5	2,974
<u>Region</u>					
Bucharest	71.0	62.4	34.7	1.9	534
Vallahia	61.0	54.9	30.5	1.7	2,537
Transylvania	52.2	44.5	17.9	1.7	2,328
Moldova	67.6	62.0	35.4	3.5	1,489
<u>Age Group</u>					
15-24	53.3	45.1	20.3	2.6	2,163
25-34	62.9	57.0	30.0	1.5	2,678
35-44	66.3	60.0	33.9	2.0	2,047
<u>Marital Status</u>					
Currently Married/In Union	62.1	56.4	30.6	1.6	4,846
Not In Union/Never Married	57.5	48.5	22.4	2.8	2,042
<u>Education Level</u>					
Primary or less	52.2	46.7	23.3	2.7	1,210
Secondary Incomplete	59.9	52.7	27.1	1.9	2,524
Secondary Complete	63.0	56.4	29.6	1.8	2,087
Postsecondary	65.5	57.7	30.0	2.2	1,067
<u>Socio-economic Status</u>					
Low	56.0	50.7	26.8	2.6	2,382
Middle	62.7	55.2	27.7	1.8	3,076
High	62.1	54.4	28.9	1.7	1,430
<u>Employment Status</u>					
Currently Employed	65.2	57.9	30.4	1.6	3,086
Not Currently Employed	56.5	50.1	25.4	2.5	3,802
<u>Ethnicity</u>					
Romanian	62.2	55.3	28.8	2.1	6,004
Hungarian	47.6	39.4	19.9	1.0	442
Roma	47.7	43.5	20.1	3.4	346
Other	55.2	49.3	25.0	2.0	96

Table 13.2B
Percentage of Men of Reproductive Age Who Used Alcohol During the Previous Three Months
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Alcohol Use</u>				<u>Unweighted No. of Cases</u>
	<u>% Ever Drank</u>	<u>% Current Drinkers</u>	<u>% Current Frequent Drinkers</u>	<u>% Current Episodic Drinkers</u>	
Total	90.3	88.1	73.8	51.0	2,434
<u>Residence</u>					
Urban	90.6	88.5	72.7	49.4	1,342
Rural	89.9	87.5	75.4	53.4	1,092
<u>Region</u>					
Bucharest	87.1	85.2	72.3	43.0	223
Vallahia	92.6	91.3	77.2	52.7	839
Transylvania	87.3	84.3	67.7	45.1	940
Moldova	93.2	90.7	79.2	62.7	432
<u>Age Group</u>					
15-24	88.8	85.6	65.4	40.1	631
25-34	90.7	88.8	76.6	55.0	775
35-49	91.3	89.7	78.7	57.1	1,028
<u>Marital Status</u>					
Currently Married/In Union	91.3	89.6	78.4	55.3	1,595
Not In Union/Never Married	88.8	85.9	67.0	44.7	839
<u>Education Level</u>					
Primary or less	87.7	85.0	69.2	47.2	324
Secondary Incomplete	89.0	87.3	73.4	51.6	1,115
Secondary Complete	93.7	90.8	78.3	54.7	578
Postsecondary	91.3	89.2	72.6	47.8	417
<u>Socio-economic Status</u>					
Low	90.3	88.7	75.2	55.7	693
Middle	91.2	89.1	74.1	51.9	1,130
High	88.6	85.7	71.7	44.5	611
<u>Employment Status</u>					
Currently Employed	91.8	90.1	77.4	53.5	1,446
Not Currently Employed	88.4	85.5	69.1	47.7	988
<u>Ethnicity</u>					
Romanian	90.9	88.7	75.2	51.9	2,188
Hungarian	87.3	83.4	62.3	42.2	142
Roma	81.8	81.3	58.2	44.1	79
Other	87.1	87.1	67.9	47.2	25

fourths of men reported consuming alcohol daily or almost daily (current frequent drinkers); two percent of women and 51% of men had consumed five or more drinks in a row during the three months preceding the interview.

Current use and current frequent use were slightly higher among women residing in Bucharest or in the Moldova region (62% and 35%, respectively, in both regions), among those over 24 years of age, among women in union, and among those currently employed. Use of alcohol slightly increased with educational attainment and with SES, and was higher among women of Romanian ethnic background than among women of other ethnic groups. Although very few women reported binge drinking, women residing in Moldova and women of Roma ethnic descent were more likely to say that they recently drank five or more drinks in a row. Among men there was little variation in current use of alcohol by background characteristics; with the exception of young adults (who also are more likely to never have been married), current alcohol use and bingeing was widespread among all other groups.



As shown in [Figure 13.2](#), consumption of alcohol among young adults had substantially increased since 1996, but much more so for young women than men. The proportion of young women who consumed alcohol at least once within the past month (current drinkers) nearly tripled (from 16% to 45%) whereas the proportion of males current drinkers, which was already high, have further increased (from 65% to 86%). For both young females and males, the most alarming change occurred in frequency of drinking. Compared to the 96YARHS, in the 99RRHS the proportion of women frequent drinkers increased ten times (2% vs. 20%) and the proportion of men frequent drinkers tripled (19% vs. 65%). The recent increase in alcohol use is remarkable, particularly since the purchasing capacity of the population has substantially declined. However, compared to the price of other commodities, the relative price of alcoholic beverages may have actually decreased. In addition, the loosened state control of the alcohol market since 1990, which facilitated smuggling, illicit production and trade, and falsification of famous brands, may have contributed further to making alcohol beverages more accessible to all population groups, including youth.

13.3 Prevalence of Routine Gynecologic Visits

Patient attitudes and behaviors regarding health care visits are important determinants of whether they receive routine screening, including cervical and breast cancer screening. Important barriers that can reduce individual utilization of routine health visits include: low perception of being at risk, a fatalistic attitude toward cancer generally, low awareness about benefits of screening, perceived discomfort, and fear of positive results. Lack of knowledge of health-related issues, noncompliance with doctor's recommendations, miscommunication between patient and provider, and socio-economic and geographic factors are also potential barriers to preventive care. Other factors limiting access to preventive health care visits include limited resources within the health system, inadequate and/or maldistribution of health providers, and physician barriers (knowledge, attitudes and beliefs regarding routine screening, lack of time or expertise, and restrictive hours of service availability).

In the US and western Europe it is recommended that women of reproductive age have a routine gynecologic examination every year. In the 99RRHS more than two thirds (70%) of sexually experienced women had ever been examined by a gynecologist during a routine exam but only 36% had been examined in the previous 12 months and 14% one to three years ago ([Table 13.3](#) and [Figure 13.3](#)). Thus, only one of two sexually experienced women had seen a gynecologist within the previous three years. Such a low prevalence of routine exams could have a substantial negative impact on screening, counseling, and health education. Rural residents, younger women, never married women, those with lower levels of education or low SES, and Roma women were less likely to have attend preventive gynecologic exams.

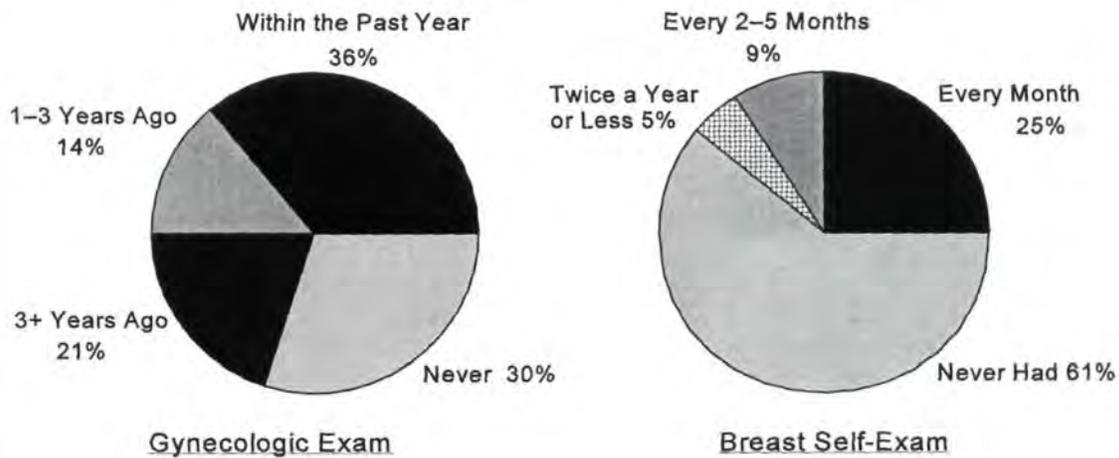
TABLE 13.3.1
Time of Last Routine Gynecologic Exams by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Time of Last Routine Gynecologic Exam</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Within Past Year</u>	<u>Within 2-3 Years</u>	<u>More Than 3 Years Ago</u>	<u>Never Had</u>		
Total	36.2	13.5	20.5	29.8	100.0	5,890
<u>Residence</u>						
Urban	41.3	14.4	20.9	23.4	100.0	3,334
Rural	27.0	11.8	19.8	41.3	100.0	2,556
<u>Region</u>						
Bucharest	42.1	17.7	18.0	22.3	100.0	476
Vallahia	33.1	13.3	21.5	32.1	100.0	2,137
Transylvania	38.7	13.0	19.6	28.7	100.0	2,041
Moldova	33.2	11.7	22.1	32.9	100.0	1,236
<u>Age Group</u>						
15-24	37.6	12.3	5.3	44.9	100.0	1,263
25-34	39.3	14.2	17.8	28.8	100.0	2,594
35-44	32.0	13.4	33.3	21.3	100.0	2,033
<u>Marital Status</u>						
Currently Married/In Union	36.0	13.5	22.0	28.4	100.0	4,846
Previously Married	32.8	14.2	25.6	27.4	100.0	476
Never Married	39.3	12.5	7.5	40.7	100.0	568
<u>Education Level</u>						
Primary or less	26.7	7.7	21.3	44.2	100.0	1,026
Secondary Incomplete	32.7	13.0	22.7	31.6	100.0	2,092
Secondary Complete	39.0	14.9	20.3	25.8	100.0	1,895
Postsecondary	47.3	17.6	15.6	19.6	100.0	877
<u>Socio-economic Status</u>						
Low	24.9	10.3	18.9	45.9	100.0	2,047
Medium	38.0	13.9	22.7	25.4	100.0	2,641
High	47.5	16.7	18.4	17.3	100.0	1,202
<u>Ethnic Group</u>						
Romanian	36.8	13.4	20.6	29.1	100.0	5,095
Hungarian	36.7	14.0	23.3	26.0	100.0	400
Roma	30.4	12.1	13.8	43.7	100.0	316
Other	13.8	20.4	28.8	37.0	100.0	79
<u>Current Contraceptive Use</u>						
Modern Methods	45.5	15.3	17.8	21.5	100.0	1,657
Traditional Methods	28.9	12.1	23.4	35.6	100.0	1,832
None	35.0	13.2	20.3	31.5	100.0	2,401

TABLE 13.3.2
Frequency of Routine Gynecologic Exams Among Young Women By Selected Characteristics
Women 15-24 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Frequency of Routine Gynecologic Exams</u>						<u>Unweighted No. of Cases</u>		
	<u>Every Year</u>		<u>Less Than Every Year</u>		<u>Never Had</u>		<u>Total</u>		
	<u>1993</u>	<u>1999</u>	<u>1993</u>	<u>1999</u>	<u>1993</u>	<u>1999</u>		<u>1993</u>	<u>1999</u>
Total	26.5	36.2	29.4	34.0	44.0	29.8	100.0	3,977	5,890
Residence									
Urban	31.9	41.3	31.3	35.3	36.9	23.4	100.0	2,636	3,334
Rural	17.4	27.0	26.3	31.6	56.3	41.3	100.0	1,341	2,556
Region									
Bucharest	33.3	42.1	37.3	35.7	29.4	22.3	100.0	905	476
Vallahia	19.3	33.1	27.3	34.8	53.4	32.1	100.0	1,248	2,137
Transylvania	31.5	38.7	26.7	32.6	41.9	28.7	100.0	1,154	2,041
Moldova	27.3	33.2	33.1	33.8	39.6	32.9	100.0	670	1,236
Age Group									
15-24	19.3	37.6	17.0	17.6	63.7	44.9	100.0	817	1,263
25-34	29.2	39.3	26.7	32.0	44.1	28.8	100.0	1,593	2,594
35-44	27.8	32.0	38.2	46.7	34.0	21.3	100.0	1,567	2,033
Marital Status									
Currently Married/In Union	27.0	36.0	29.7	35.5	43.3	28.4	100.0	3,532	4,846
Previously Married	24.2	32.8	31.7	39.8	44.1	27.4	100.0	277	476
Never Married	20.4	39.3	21.5	20.0	58.1	40.7	100.0	168	568
Education Level									
Primary or less	20.2	26.7	29.7	29.0	50.1	44.2	100.0	1,025	1,026
Secondary Incomplete	27.1	32.7	24.7	35.7	48.2	31.6	100.0	1,065	2,092
Secondary Complete	29.6	39.0	29.6	35.2	40.8	25.8	100.0	1,346	1,895
Postsecondary	32.3	47.3	39.2	33.2	28.4	19.6	100.0	541	877
Socio-Economic Status									
Low	17.4	24.9	24.5	29.2	58.1	45.9	100.0	1,296	2,047
Medium	29.7	38.0	32.4	36.6	37.9	25.4	100.0	2,186	2,641
High	39.1	47.5	30.1	35.1	30.7	17.3	100.0	495	1,202
Current Contraceptive Use									
Modern Methods	37.5	45.5	31.9	33.1	30.6	21.5	100.0	574	1,657
Traditional Methods	24.8	28.9	28.8	35.5	46.4	35.6	100.0	1,585	1,832
None	24.9	35.0	29.3	33.5	45.8	31.5	100.0	1,818	2,401

Figure 13.3
Last Routine Gynecologic Exam and Frequency of Breast Self-Exams
Among Sexually Experienced Women Aged 15-44
Reproductive Health Survey: Romania, 1999



Between 1993 and 1999 more women adopted the practice of having a routine gynecologic exam (70% vs. 56%) and most of these women were using gynecologic preventive care services yearly (36% vs. 27%) ([Table 13.3.2](#)). The increase was visible throughout various subgroups but young adult women, particularly those never married, reported greater rates of increase in frequent (every year) routine gynecologic exams.

The reasons for not seeking routine gynecologic exams are important to study because they may uncover potential barriers to the use of preventive health services. More than two thirds of sexually experienced women who have never had a routine exam believed they did not need one because they had no health complaints (60%) or because they thought routine check-ups were not necessary (8%). These women probably lacked knowledge of general health issues and were unaware of the screening procedures and/or the health benefits of screening. The second most common reason was lack of time to have a check-up or negligence (21%), followed by fear of discomfort, including pain and embarrassment associated with gynecologic check-ups (9%). Very few claimed that they could not afford such services (1%).

13.4 Breast Self-Exam

Methods for early detection which can reduce breast cancer mortality include breast self-examination (BSE), breast physical exam performed by physicians, and mammography (Last et. al., 1986). In populations where mammography is not readily available or is too expensive (and thus unsuitable for to be used in population-wide screening), BSE and medical exams can reduce breast cancer mortality if they are performed correctly and consistently. BSE is a very simple self-care procedure that can detect early modifications of the breast and can be performed by women in the privacy of their homes after minimal instruction. Appropriate follow-up by a physician should be available and accessible for women who detect breast changes through self examination.

The 99RRHS explored only the level of awareness about BSE and its prevalence, without any indication of proficiency in BSE performance. Overall, almost two out of three sexually experienced women had ever heard about this technique, but only 39% had ever performed BSE, including 25% who were doing it every month ([Table 13.4](#)). Awareness of BSE was higher among urban than among rural residents (71% vs. 43%), among women residing in Bucharest (71%), and among women with secondary complete or postsecondary education (72% and 92%, respectively) or high SES (82%). Only about one in four Roma women had ever heard of such an exam. Awareness of BSE was higher among women who were currently using modern contraceptive methods (73%) and those who underwent routine gynecological exams compared to those who had never made such visits (68% vs. 46%).

Overall, only 39% of women practiced BSE and only one in four performed BSE every month. Women who never practiced BSE were more likely to live in rural areas than in urban areas (77% vs. 52%), to be young adults (72%), to have less than complete secondary education (87% and 71%, respectively), to have low SES (81%), or to be of Roma descent (84%). Both prevalence of BSE and monthly exams were higher among those who underwent routine gynecologic exams, compared with women without routine visits to a gynecologist (45% vs. 23% and 30% vs. 14%). However, the fact that more than one in two women who had at least one routine gynecological visit did not report routine BSE suggests that this preventive practice was not properly covered by health care providers.

As shown in [Figure 13.3](#), between 1993 and 1999, the proportion of women who reported any BSE and monthly BSE increased by at least a third (from 23% to 39% and from 19% to 25%). The rate of increase did not vary significantly by background characteristics.

Table 13.4
Awareness of Breast Self-Exams (BSE) and Frequency of BSE by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Awareness</u>	<u>Frequency of Breast Self-Exam</u>				<u>Total</u>	<u>No. of Cases</u>
	<u>Total</u>	<u>Every Month</u>	<u>Every 2-5 Months</u>	<u>1-2 Times per Year or Less</u>	<u>Never</u>		
Total	61.3	25.1	8.6	5.3	61.1	100.0	5,890
<u>Residence</u>							
Urban	71.4	30.5	10.8	6.6	52.1	100.0	3,334
Rural	43.3	15.3	4.6	3.0	77.0	100.0	2,556
<u>Region</u>							
Bucharest	74.4	31.7	10.2	9.5	48.5	100.0	476
Vallahia	59.5	24.1	6.8	5.4	63.7	100.0	2,137
Transylvania	58.1	22.4	9.6	4.3	63.8	100.0	2,041
Moldova	61.9	27.5	8.8	4.2	59.5	100.0	1,236
<u>Age Group</u>							
15-24	49.3	14.1	9.4	4.8	71.8	100.0	1,263
25-34	63.2	26.5	8.3	5.4	59.7	100.0	2,594
35-44	66.9	30.5	8.3	5.5	55.7	100.0	2,033
<u>Education Level</u>							
Primary or less	30.1	8.6	2.8	1.8	86.7	100.0	1,026
Secondary Incomplete	51.1	18.5	5.8	4.5	71.3	100.0	2,092
Secondary Complete	72.3	31.3	9.8	6.6	52.2	100.0	1,895
Postsecondary	91.9	42.8	17.5	8.1	31.6	100.0	877
<u>Socio-economic Status</u>							
Low	36.8	12.9	3.3	2.7	81.1	100.0	2,047
Medium	67.1	27.0	9.2	5.8	57.9	100.0	2,641
High	82.1	37.3	14.3	7.7	40.8	100.0	1,202
<u>Ethnic Group</u>							
Romanian	64.6	26.8	8.7	5.7	58.8	100.0	5,095
Hungarian	52.0	18.7	9.7	3.1	68.4	100.0	400
Roma	27.4	8.3	5.6	1.7	84.4	100.0	316
Other	34.1	16.7	4.0	4.4	75.0	100.0	79
<u>Current Contraceptive Use</u>							
Any Modern Method	73.3	32.3	10.8	7.3	49.6	100.0	1,657
Traditional Methods	56.4	22.4	8.0	3.7	66.0	100.0	1,832
None	56.5	21.9	7.4	5.1	65.5	100.0	2,401
<u>Routine Gynecologic Exam</u>							
Ever Had	67.8	29.8	9.6	6.1	54.5	100.0	4,046
Never Had	45.9	14.0	6.0	3.5	76.5	100.0	1,844

13.5 Cervical Cancer Screening

Cervical cancer is the second most common cancer of women, with almost 450,000 new cases diagnosed each year worldwide (World Health Organization, 1993). It is the most frequent cancer of women in developing countries, where 80% of cervical cancers are diagnosed (Parkin DM, et al., 1993). Age-adjusted incidence rates range from 5-42 cases per 100,000 women, with high rates in Latin America, Africa, Southeast Asia and lower rates in North America, Western Europe, Australia, and Israel. In 1993, the crude cervical cancer incidence rate in Romania (24.7 per 100,000 women) was one of the highest in Europe. For 1994-1997, the age-adjusted mortality due to cancer of the cervix in Romania was 10.5 per 100,000, the highest rate in Europe and the fourth highest among 45 countries that report cancer statistics to the WHO, surpassed only by cervical cancer mortality reported by Mexico, Venezuela, and Chile (WHO, 1999).

In developed countries the incidence of *in situ* cervical cancer is increasing, whereas invasive cancer and cervical cancer mortality are declining. Much of the decline in mortality has been attributed to widespread use of cervical cancer screening (Papanicolaou smear test), resulting in detection at an earlier and therefore more curable stage and the detection and treatment of premalignant lesions. Data from large screening programs have shown that annual Pap smear screening reduces the probability of developing invasive cancer by 93.3%, whereas screening every three years reduces the probability by 91.2%, and screening every five years reduces it by 83.6% (Miller AB, 1986). Based on these estimates, most experts recommend that women who are sexually active or at least 18 years old should have a Pap test annually or every three years, followed by the option of reducing the frequency of screening in women over age 65 who have been regularly screened with normal results.

Risk factors for cervical cancer include a history of multiple sexual partners, early onset of sexual intercourse, smoking, infection with the human immunodeficiency virus and infection with a certain serotype of the human papilloma virus.

Although the validity of self-reported rates of Pap testing cannot be established without examining medical records, survey results are often used to estimate the extent of cervical screening in the general population. The 99RRHS included a series of questions for female respondents regarding Pap test history: "Have you ever had a cervical smear test (Papanicolaou screening test)?", "When did you have your last cervical smear test?", and, for those who have never had a test, "What is the main reason you have never had a Pap smear?"

Overall, only 17% of sexually experienced women reported that they had ever had a Pap smear ([Table 13.5.1](#)) and only 12% had a test within the past three years. The prevalence of cervical

TABLE 13.5.1
Cervical Cancer Screening History by Selected Characteristics
Women 15-44 Years of Age Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Time of Last Cervical Cancer Screening Test</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Within Past Year</u>	<u>Within 1-3 Years</u>	<u>More Than 3 Years Ago</u>	<u>Never</u>		
Total	7.3	4.5	5.2	83.0	100.0	5,890
<u>Last Routine Gynecologic Exam</u>						
Within the Past Year	19.3	4.4	4.1	72.1	100.0	2,060
1-3 Years Ago	1.3	14.1	6.2	78.3	100.0	776
3+ Years Ago	0.2	3.6	11.3	84.9	100.0	1,210
Never	0.3	0.9	1.9	96.8	100.0	1,844
<u>Residence</u>						
Urban	9.1	5.3	6.5	79.1	100.0	3,334
Rural	4.1	3.1	3.0	89.9	100.0	2,556
<u>Region</u>						
Bucharest	13.2	4.9	8.3	73.6	100.0	476
Vallahia	5.7	4.5	7.2	82.6	100.0	2,137
Transylvania	8.2	4.0	3.8	84.0	100.0	2,041
Moldova	4.5	5.2	2.1	88.1	100.0	1,236
<u>Age Group</u>						
15-24	3.8	1.3	0.2	94.8	100.0	1,263
25-34	8.0	4.9	3.8	83.2	100.0	2,594
35-44	8.8	6.2	10.0	75.0	100.0	2,033
<u>Marital Status</u>						
Currently Married, In Union	7.8	5.1	5.9	81.1	100.0	4,846
Previously Married	5.5	3.2	5.0	86.3	100.0	476
Never Married	5.3	1.4	1.1	92.1	100.0	568
<u>Education Level</u>						
Primary or less	3.6	2.4	2.5	91.6	100.0	1,026
Secondary Incomplete	5.3	3.8	5.3	85.6	100.0	2,092
Secondary Complete	8.1	5.1	6.3	80.6	100.0	1,895
Postsecondary	13.7	7.0	5.8	73.4	100.0	877
<u>Ethnic Group</u>						
Romanian	7.4	4.7	5.4	82.5	100.0	5,095
Hungarian	10.5	5.0	5.2	79.3	100.0	400
Roma	3.4	1.5	2.8	92.4	100.0	316
Other	1.7	2.2	2.6	93.5	100.0	79

cancer screening was generally very low and does not allow the study of potential determinants of preventive practices. It is worth noting, however, that only 19% of women seeking routine gynecologic exams within the previous year had also had a pap test and only 23% of women who have ever had gynecologic check-ups were ever screened for cervical cancer (data not shown). Gynecologic routine visits should be viewed as opportunities to educate patients about healthy lifestyle choices and to promote appropriate screening for preventable diseases, such as cervical cancer.

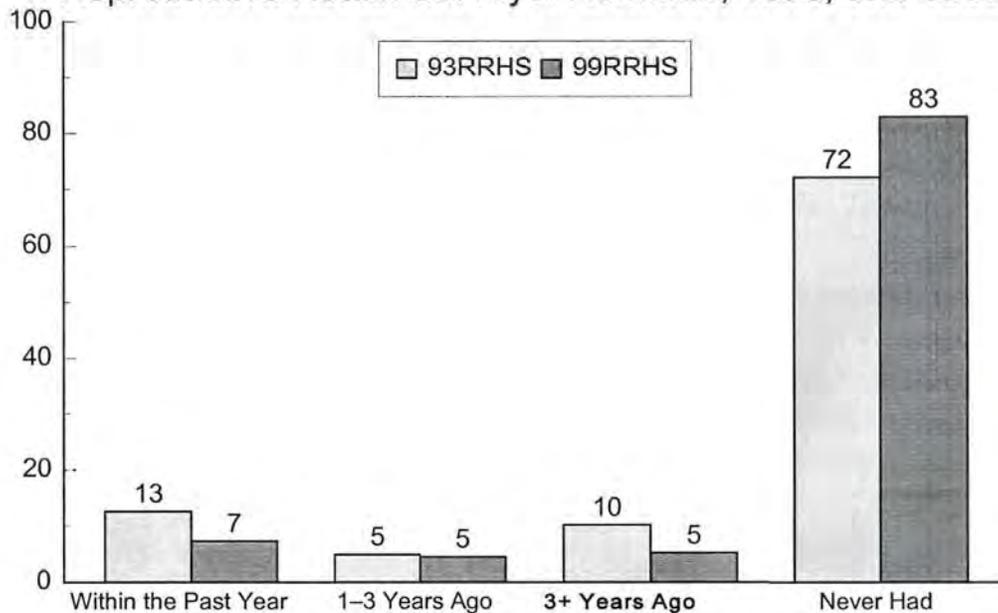
Women residing in urban areas, including Bucharest, those with postsecondary education and women of Hungarian ethnic descent were more likely to report having had a pap test within the past year than other subgroups.

The most common reason for not having a Pap smear was lack of knowledge of such a screening (39%); the second most important reason was that they do not need such a test (26%) (Table 13.5.2). Other frequently mentioned reasons were the lack of a recommendation of the test by a health provider (16%) and negligence (14%).

TABLE 13.5.2
Most Common Cited Reasons for Never Having a Pap Smear by Age Group
Women Aged 15-44 Years Who Have Ever Had Sexual Intercourse
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Reason</u>	<u>Total</u>	<u>Age Group</u>		
		<u>15-24</u>	<u>25-34</u>	<u>35-44</u>
Never Heard of Cervical Cancer Screening	38.6	50.3	35.0	33.3
No Need to Have Cervical Cancer Screening	25.6	24.8	24.2	28.0
Doctor Never Recommended	15.9	9.6	18.8	17.5
Neglected to Have Cervical Cancer Screening	13.9	8.5	16.0	15.7
Too Embarrassed	0.5	0.1	0.6	0.6
Fear of Result	0.5	1.0	0.4	0.4
Cost	0.4	0.0	0.7	0.4
Fear That it May Be Painful	0.3	0.4	0.2	0.3
Too Far Away	0.3	0.1	0.2	0.5
Do Not Know	4.0	5.2	3.9	3.2
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	4,952	1,193	2,191	1,568

Figure 13.5
 Cervical Cancer Screening History
 Among Sexually Experienced Women Aged 15-44
 Reproductive Health Surveys: Romania, 1993, and 1999



These findings reinforce the perception that there is a lack of awareness of gynecologic screening procedures among reproductive age women in Romania and a need for sustained educational campaigns for the public and changes in the practice of health care providers.

The proportion of sexually experienced women who reported at least one cervical cancer screening test decreased between 1993 and 1999 from 28% to 17% (Figure 13.5). The proportion of women recently tested (within the past year) also decreased (from 13% to 5%). Although the proportion of respondents who reported recent gynecologic exams (within the past three years) increased recently from 35% to 50%, the content of these visits, at least with regard to pap-smear practices, did not improve. On the contrary, cervical cancer screening testing deteriorated and lack of awareness of the pap smear testing appears to be a major determinant of this decline. Health information campaigns aimed at increasing public awareness about cervical cancer danger and its risk factors can help substantially to increase the demand for screening, even in the absence of providers' recommendation.

13.6 Prevalence of Selected Health Problems

All women were asked "Has a doctor ever told you that you have had (selected health problems)?" These problems were: anemia, urinary infection, pelvic inflammatory disease (translated as infections of the tubes or the uterus), high blood pressure, heart disease, hepatitis B, asthma, and diabetes. [Table 13.6](#) shows the percentage of women who have ever been told by a doctor that they had these specific health problems.

Obviously, these results are minimum estimates of the true prevalence of these health problems in the population of women of childbearing age, since self-reporting of health conditions implies that women had access to health care facilities, had visited these facilities, and had been told by physicians about the existence of these health conditions. Although Romania has a high physician-to-population ratio (one physician to 545 persons in 1998), the distribution of personnel and health resources is uneven and communication with health providers is minimal. Thus, the self-reported occurrence of health problems among different subgroups should be interpreted with caution because background characteristics may affect both the access to health care system, knowledge of conditions, and reporting.

There are several other important limitations of survey reports on health conditions: 1) survey reports are lifetime estimates and some differences in reports (e.g., age of the respondent) are likely to be confounded by the length of exposure (e.g., older women have a longer time exposed to the risk of developing a specific health problem); 2) they do not reflect current health status; and 3) they cannot be temporally associated with other events. For example, a direct link between anemia and pregnancy cannot be established, since it is impossible to determine if anemia was a prior condition or had developed during the pregnancy. For all these reasons, the survey data about health problems among women may serve only as proxy estimates in the absence of official statistics based on medical records or hospital discharge data.

The most common condition reported by women of reproductive age was anemia. Overall, almost one in two women (47%) reported she had been told by a doctor that she had anemia. Women living in Transylvania were slightly less likely to report anemia compared with women living in other regions. Similarly, women of Hungarian ethnic background, most of whom reside in Transylvania, were less likely to report anemia. The prevalence of anemia increased with age and with the number of living children.

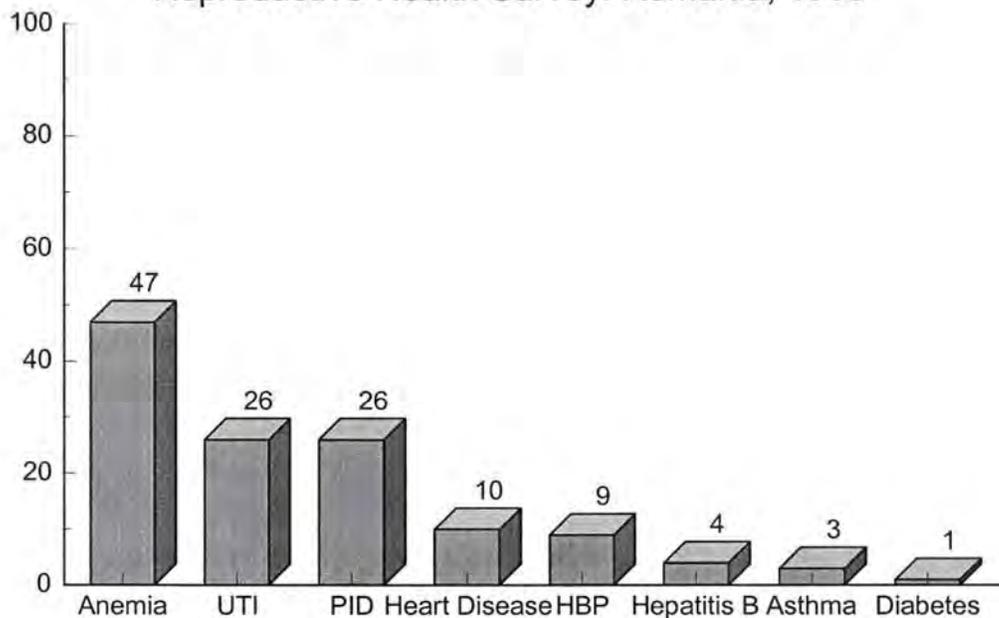
There is strong evidence to suggest that the majority of cases of anemia in Romania are secondary to iron deficiency (Yip R et al., 1993). Iron deficiency results primarily from an unbalanced diet, with inadequate consumption of food with high content of iron, vitamins and

TABLE 13.6
Percentage of Women of Reproductive Age Who Were Ever Told by a Doctor
That They Had Selected Health Problems by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Anemia</u>	<u>Urinary Tract Infection</u>	<u>Pelvic Inflammatory Disease</u>	<u>Heart Disease</u>	<u>High Blood Pressure</u>	<u>Hepatitis B</u>	<u>Asthma</u>	<u>Diabetes</u>	<u>No. of Cases</u>
Total	47.3	26.3	25.8	10.2	9.4	4.2	3.3	1.1	6,888
Residence									
Urban	49.6	28.0	28.9	10.2	9.4	4.3	3.6	1.2	3,914
Rural	43.2	23.3	20.4	10.3	9.4	3.9	2.8	0.9	2,974
Region									
Bucharest	49.4	27.2	37.6	11.1	9.2	3.9	4.2	1.5	534
Vallahia	48.3	22.5	29.4	11.5	8.9	4.0	2.8	1.4	2,537
Transylvania	42.3	30.5	18.3	7.9	10.0	4.6	3.6	0.9	2,328
Moldova	52.7	25.5	25.0	11.6	9.4	3.9	3.1	0.7	1,489
Age Group									
15-24	41.6	17.8	10.5	7.1	4.4	3.1	3.1	0.3	2,163
25-34	51.3	29.1	32.0	9.2	7.5	4.3	2.6	0.9	2,678
35-44	49.5	33.3	37.1	15.2	17.3	5.3	4.3	2.3	2,047
No. of Living Children									
0	40.8	18.7	15.9	7.4	3.8	3.6	3.6	0.4	2,330
1	49.7	30.4	31.8	9.9	9.8	4.2	2.6	1.3	1,927
2	53.3	32.1	34.2	12.0	13.7	4.2	3.9	1.4	1,844
3+	51.0	31.2	27.8	17.1	18.9	6.0	2.8	2.5	787
Education Level									
Secondary Incomplete or less	44.8	25.1	22.9	11.2	9.8	4.1	3.3	1.3	3,734
Secondary Complete	51.0	28.6	30.4	9.7	10.7	4.4	2.9	1.1	2,087
Postsecondary	48.4	26.1	26.6	8.3	5.8	3.9	4.2	0.4	1,067
Socio-economic Status									
Low	42.3	22.6	19.0	10.4	8.4	3.9	1.8	0.6	2,382
Medium	51.1	28.2	27.9	10.6	10.9	4.7	4.1	1.4	3,076
High	46.4	27.7	30.6	9.5	7.9	3.6	3.8	1.1	1,430
Ethnic Group									
Romanian	48.9	26.7	26.6	10.0	9.1	3.8	3.3	1.1	6,004
Hungarian	27.0	22.8	18.5	8.3	12.8	6.6	4.6	0.5	442
Roma	41.5	24.9	22.7	15.0	8.9	6.6	2.8	1.6	346
Other	64.9	23.7	19.9	21.4	11.5	3.9	0.4	1.9	96
No. of Lifetime Partners*									
0	36.7	11.4	4.6	7.1	3.1	3.0	3.2	0.3	998
1	48.7	29.5	28.3	10.8	11.5	4.4	3.1	1.2	4,248
2	51.9	28.4	33.1	11.0	10.1	4.1	3.0	1.3	908
3+	51.5	33.3	39.9	12.2	8.2	4.9	5.3	1.7	688

* Excludes 46 women who refused to answer this question

Figure 13.6
 Women of Reproductive Age Who Were Ever Told By a Doctor
 That They Had Selected Health Problems
 Reproductive Health Survey: Romania, 1999



micronutrients that stimulate iron absorption and a high intake of foods of non-animal origin which have low iron content. Iron deficiency could be exacerbated during periods of rapid growth and during pregnancy, when a considerable amount of maternal iron is transferred to the fetus. When iron deficiency is highly prevalent in a population, pregnant women, who have a physiologic hemodilution and also higher iron requirements, are at greater risk of developing anemia than nonpregnant women. However, it is possible that the higher prevalence of anemia among women who were ever pregnant also reflects differences in reporting, since pregnant women are more likely to find out about their anemia during prenatal care visits, compared with women who have never been pregnant and may not have had any blood test.

Other health conditions reported frequently by survey respondents were urinary tract infection (UTI) and pelvic inflammatory disease (PID). Overall, about one in four women had been told by a doctor that they had a urinary tract infection or PID. The proportion of respondents reporting these infections varied directly with age and the number of living children (which is higher for older

women), and the number of lifetime sexual partners. PID was almost non-existent among virgins and increased with the number of lifetime sexual partners, from 28% among monogamous women to 40% among those with three or more sexual partners.

The prevalence of heart disease and high blood pressure (HBP) were directly correlated with age and number of living children but did not vary significantly by residence, education, or SES. Both conditions were less frequent among women who never had sexual intercourse, who are also more likely to be young and have a shorter exposure time to develop these diseases .

Other health conditions were reported by small proportions of women: 4% had been diagnosed with hepatitis B, 3% with asthma and very few women had been told that they had diabetes (1%).

CHAPTER XIV

SEX EDUCATION

In 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. Studies show that they are more likely to have experienced premarital sexual intercourse, have a greater number of sexual partners and a high incidence of unintended pregnancy and increased exposure to sexually transmitted diseases (STDs). Addressing unintended pregnancy and sexuality is a complex task. Finding appropriate responses to these problems has been made all the more complex by the recent social changes in the last decade. Increasingly, young people live in urban areas, are better educated and are more informed about lifestyle options. However, social attitudes toward sexuality, motherhood and gender roles are still influenced by traditional values. Prevention programs designed to reduce the rate of adolescent pregnancy and STDs require a multifaceted approach and 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 result in an increased use of contraception (Kirby D. et al., 1994; Dawson DA, 1986).

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

Currently in Romania, sex education is not included in the school curriculum on a systematic basis. Prior to 1990, elements of reproductive biology were taught in high school in the biology and human anatomy classes and short lectures about sexually transmitted diseases were sometimes taught by visiting health professionals. Often these extra-curricular lectures were held separately for boys and girls. After 1990, with the continuous support of several international agencies, local non-governmental agencies (NGOs) trained volunteers to lecture in high schools about reproductive health, family planning, and sexually transmitted diseases. These lectures have to be approved by the local school boards and their content varies from one school to another. Thus, sex education has been sporadic and not always standardized, or nonexistent, and the quality and amount of information is variable.

To improve the knowledge and behavior of Romanian adolescents it is essential to have high quality sex education curricula in their schools. They may, alternatively, acquire less than accurate information and sometimes misinformation from a variety of sources, including family, peers, media, and more recently, from pornographic films and literature. It has been proposed that a well-designed 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 STDs (including AIDS), methods of contraception, and the psychological and social considerations of sex roles and sexual relationships. Only then would myths and misconceptions be corrected, enhancing the likelihood that intimate relationships would be based on caring, affection and awareness of the other person's feelings.

One of the objectives of the 99RRHS was to examine whether reproductive-age women and men 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 adult women and men's exposure to sex education in school and discussions about sex education topics at home and their sources of information on sexual matters. Data on exposure to sex education and knowledge of young adults would be useful for the design of school curricula and training of teachers.

14.1 Opinions about Sex Education In School

[Table 14.1.1A](#) shows that Romanian women of reproductive age overwhelmingly support sex education in school, regardless of age, residence, marital status, parity, education, socio-economic status, or ethnicity. When respondents were asked their opinions about selected topics of sex education virtually all (94%-95%) felt that reproductive biology, birth control methods, and STD topics should be part of the school curriculum.

Although not shown in the data tables, among the 5% of women who did not agree that sex education should be taught in school, 60% thought that sex education should be taught only at home, 44% of this same group thought that sex education "may give adolescents the idea to begin sexual activity earlier" and 43% thought that those who teach sex education in schools are not qualified.

As was the case for women, [Table 14. 1.1B](#) shows that, with minor exceptions, practically all Romanian men 15 -49 years of age, 93%, think that sex education should be taught in school and felt that reproductive biology, birth control methods, and STD topics should be part of the school curriculum. These percentages are slightly lower (82%-84%) among men in the lowest education and socio-economic groups.

TABLE 14.1.1A
Percent of Women Aged 15-44 Who Agree Certain Sex Education Topics Be Taught in School
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topic</u>			<u>Sexually Transmitted Diseases</u>	<u>Unweighted No of Cases</u>
	<u>Any Topic</u>	<u>How Pregnancy Occurs</u>	<u>Contraception</u>		
Total	94.7	94.5	93.7	93.8	6,888
<u>Residence</u>					
Urban	96.8	96.6	96.2	96.3	3,914
Rural	91.0	90.9	89.3	89.5	2,974
<u>Age Group</u>					
15-24	94.2	94.1	93.1	93.3	2,163
25-34	94.8	94.8	93.9	93.9	2,678
35-44	95.1	94.7	94.1	94.2	2,047
<u>Marital Status</u>					
Married, In Union	94.3	94.1	93.2	93.4	4,846
Previously Married	93.3	93.3	92.6	92.0	476
Never Married	95.9	95.9	95.0	95.0	1,566
<u>No. of Living Children</u>					
0	95.7	95.7	94.9	94.9	2,330
1	95.8	95.8	95.2	95.1	1,927
2	95.1	94.9	94.0	94.3	1,844
3+	87.3	86.6	84.7	85.4	787
<u>Education Level</u>					
Primary or less	84.4	84.2	82.2	81.8	1,210
Secondary Incomplete	94.9	94.6	93.7	94.0	2,524
Secondary Complete	98.1	98.1	97.4	97.7	2,087
Post-secondary	98.7	98.7	98.7	98.6	1,067
<u>Socio-economic Status</u>					
Low	88.5	88.4	86.5	86.6	2,382
Medium	97.2	97.1	96.5	96.7	3,076
High	97.9	97.7	97.6	97.5	1,430
<u>Ethnicity</u>					
Romanian	95.5	95.3	94.5	94.7	6,004
Hungarian	94.8	94.8	94.0	93.7	442
Rroma	82.4	82.3	81.2	80.5	346
Other	89.2	89.2	89.2	86.5	96

TABLE 14.1.1B
Percent of Men Aged 15-44 Who Agree Certain Sex Education Topics Be Taught in School,
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topic</u>			<u>Sexually Transmitted Diseases</u>	<u>Unweighted No of Cases</u>
	<u>Any Topic</u>	<u>How Pregnancies Occur</u>	<u>Contraception</u>		
Total	93.0	93.0	92.4	92.7	2,434
<u>Residence</u>					
Urban	96.5	96.5	96.2	96.4	1,342
Rural	87.9	87.9	87.0	87.2	1,092
<u>Age Group</u>					
15-24	92.0	92.0	91.5	91.6	631
25-34	93.2	93.2	92.7	92.8	775
35-49	93.6	93.6	93.0	93.4	1,028
<u>Marital Status</u>					
Married, In Union	93.8	93.8	93.1	93.4	1,595
Previously Married	91.4	91.4	91.4	90.5	95
Never Married	91.8	91.8	91.5	91.6	744
<u>No. of Living Children</u>					
0	92.0	92.0	91.5	91.6	1,000
1	95.3	95.3	94.9	94.8	608
2	94.4	94.4	94.0	94.4	607
3+	88.6	88.6	86.4	87.9	219
<u>Education Level</u>					
Primary or less	81.8	81.8	80.4	80.9	324
Secondary Incomplete	92.0	92.0	91.3	91.6	1,115
Secondary Complete	97.3	97.3	97.0	97.3	607
Post-secondary	98.7	98.7	98.7	98.7	219
<u>Socio-economic Status</u>					
Low	84.3	84.3	83.1	83.3	693
Medium	95.5	95.5	95.1	95.4	1,130
High	97.7	97.7	97.5	97.7	611
<u>Ethnicity</u>					
Romanian	93.4	93.4	93.0	93.1	2,118
Hungarian	89.1	89.1	86.0	88.6	142
Rroma	88.0	88.0	85.6	86.9	79
Other	97.5	97.5	97.5	97.5	25

TABLE 14.1.2
Opinions on Best Age To Start School-Based Courses on “How Pregnancies Occur”
Among Women and Men Who Agreed with Sex Education in School by Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	Women					Men				
	Best Age to Start Courses				No. of Cases	Best Age to Start Courses				No. of Cases
	≤13	14-15	16+	Total		≤13	14-15	16+	Total	
Total	32.0	48.4	19.6	100.0	6,481	35.7	46.4	17.9	100.0	2,252
Residence										
Urban	32.1	49.6	18.3	100.0	3,801	35.5	48.7	15.8	100.0	1,293
Rural	31.8	46.1	22.1	100.0	2,680	36.0	42.8	21.2	100.0	959
Region										
Bucharest	33.6	46.6	19.8	100.0	513	35.3	50.4	14.4	100.0	217
Vallahia	27.4	50.4	22.2	100.0	2,372	34.3	47.7	18.1	100.0	763
Transylvania	37.6	46.7	15.7	100.0	2,203	37.5	44.8	17.7	100.0	884
Moldova	29.7	48.7	21.6	100.0	1,393	35.1	45.0	20.0	100.0	388
Age Group										
15-24	19.8	52.9	27.3	100.0	2,030	21.2	51.7	27.1	100.0	584
25-34	36.0	48.4	15.6	100.0	2,526	37.7	47.2	15.2	100.0	724
35-44 (49)	42.1	43.0	15.0	100.0	1,925	46.0	41.6	12.4	100.0	944
Education Level										
Primary or less	33.8	45.7	20.5	100.0	1,005	30.9	40.9	28.2	100.0	260
Secondary Incomplete	29.7	48.9	21.4	100.0	2,379	32.6	48.4	19.0	100.0	1,019
Secondary Complete	31.0	49.7	19.3	100.0	2,044	40.0	45.6	14.4	100.0	563
Post-Secondary	37.0	47.3	15.7	100.0	1,053	40.7	46.4	12.9	100.0	410
Marital Status										
Currently Married, In Union	36.6	46.6	16.8	100.0	4,535	42.5	43.1	14.5	100.0	1,481
Previously Married	40.7	44.0	15.3	100.0	444	39.5	44.8	15.7	100.0	86
Never Married	19.7	53.5	26.8	100.0	1,502	24.0	52.2	23.8	100.0	685
Ethnic Group										
Romanian	31.3	48.9	19.9	100.0	5,694	35.5	46.7	17.8	100.0	2,035
Hungarian	44.5	43.7	4.9	100.0	415	42.8	37.1	20.1	100.0	125
Rroma	30.1	45.3	24.7	100.0	288	24.8	53.5	21.8	100.0	68
Other	27.9	48.4	23.7	100.0	84	*	*	*	*	24
Socio-economic Status										
Low	31.6	45.3	22.9	100.0	2,083	31.8	44.7	23.5	100.0	579
Medium	31.3	50.3	18.4	100.0	2,991	36.7	45.9	17.4	100.0	1,078
High	33.9	48.1	18.0	100.0	1,407	37.5	48.9	13.6	100.0	595

* Fewer than 25 cases in this category.

TABLE 14.1.3
Opinions on Best Age To Start School-Based Courses on Contraception
Among Women and Men Who Agreed with Sex Education in School by Selected Characteristics
Reproductive Health Survey: Romania, 1999

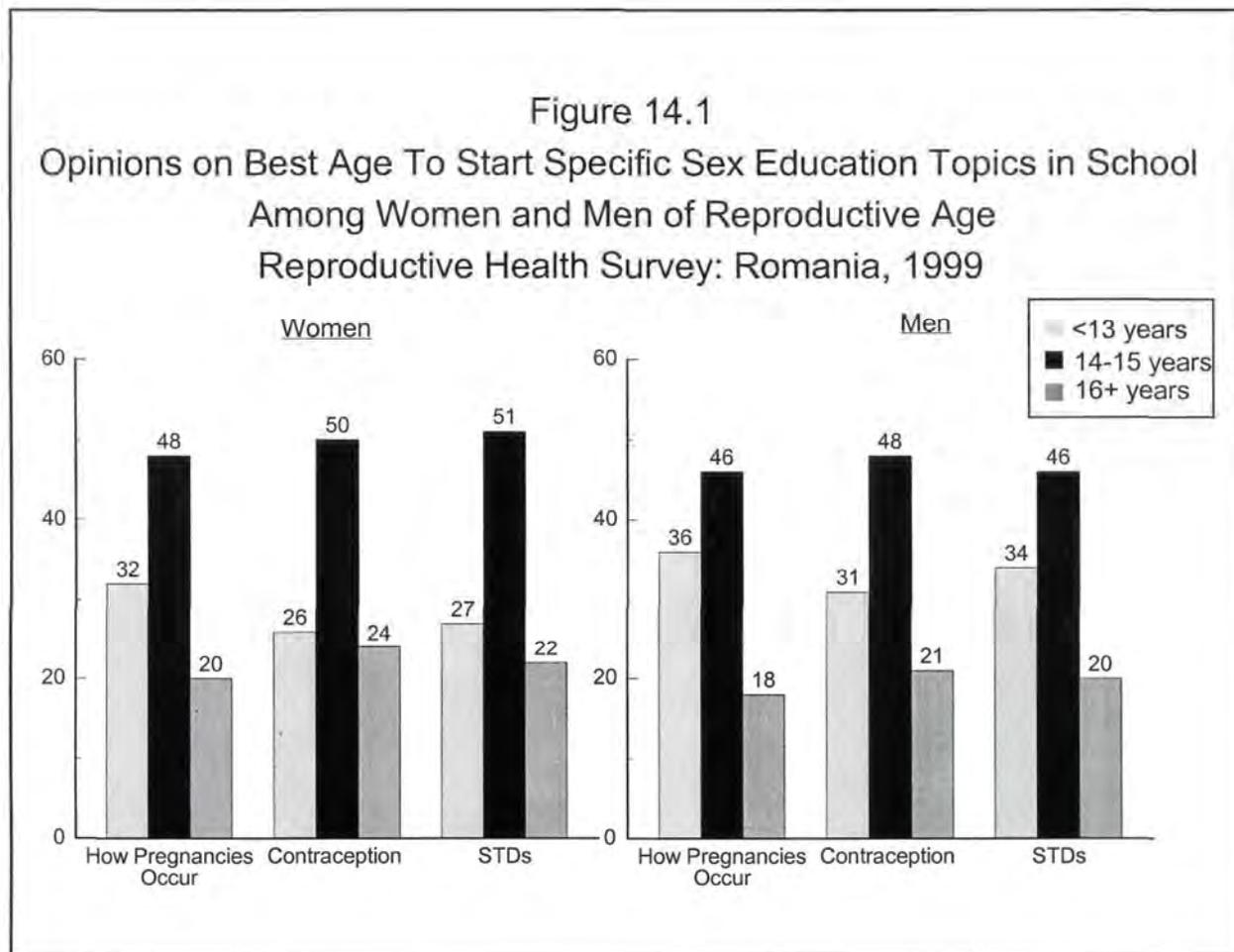
<u>Characteristic</u>	<u>Women</u>					<u>Men</u>				
	<u>Best Age to Start Courses</u>				<u>No. of Cases</u>	<u>Best Age to Start Courses</u>				<u>No. of Cases</u>
	<u>≤13</u>	<u>14-15</u>	<u>16+</u>	<u>Total</u>		<u>≤13</u>	<u>14-15</u>	<u>16+</u>	<u>Total</u>	
Total	26.0	49.7	24.3	100.0	6,413	30.8	47.8	21.4	100.0	2,237
<u>Residence</u>										
Urban	26.0	51.2	22.8	100.0	3,783	30.4	49.7	19.9	100.0	1,287
Rural	26.0	46.9	27.1	100.0	2,630	31.4	44.8	23.8	100.0	950
<u>Region</u>										
Bucharest	26.5	46.1	27.3	100.0	505	31.0	50.0	19.0	100.0	216
Vallahia	22.5	50.6	26.9	100.0	2,342	30.5	48.6	21.0	100.0	759
Transylvania	30.0	50.3	19.8	100.0	2,190	33.5	44.4	22.1	100.0	875
Moldova	25.2	49.2	25.6	100.0	1,376	26.3	51.3	22.5	100.0	387
<u>Age Group</u>										
15-24	15.9	51.6	32.5	100.0	2,007	19.4	51.1	29.5	100.0	579
25-34	29.4	50.3	20.3	100.0	2,495	32.0	48.8	19.2	100.0	719
35-44 (49)	34.2	46.8	19.1	100.0	1,911	39.2	44.3	16.5	100.0	939
<u>Education Level</u>										
Primary or less	27.8	46.2	26.1	100.0	980	26.9	44.5	28.6	100.0	256
Secondary, Incomplete	24.6	49.3	26.1	100.0	2,348	28.2	49.2	22.6	100.0	1,010
Secondary Complete	24.6	51.6	23.8	100.0	2,032	35.1	46.2	18.7	100.0	561
Post-Secondary	29.7	50.2	20.0	100.0	1,053	33.9	48.8	17.3	100.0	410
<u>Marital Status</u>										
Married/ In Union	29.9	48.8	21.3	100.0	4,485	35.8	45.7	18.5	100.0	1,470
Formerly In Un.	32.9	45.1	22.0	100.0	440	39.3	42.0	18.8	100.0	86
Never In Union	15.7	52.9	31.5	100.0	1,488	21.6	51.8	26.6	100.0	681
<u>Ethnic Group</u>										
Romanian	25.5	50.2	24.3	100.0	5,634	30.8	47.8	21.4	100.0	2,026
Hungarian	33.7	46.9	19.4	100.0	412	41.5	35.9	22.6	100.0	121
Rroma	25.2	43.9	31.0	100.0	283	14.2	61.0	24.9	100.0	66
Other	22.6	49.6	27.8	100.0	84	*	*	*	*	24
<u>Socio-economic Status</u>										
Low	25.3	47.5	27.2	100.0	2,034	27.0	46.2	26.7	100.0	571
Medium	25.8	50.2	24.0	100.0	2,973	32.2	46.7	21.1	100.0	1,073
High	27.3	51.2	21.5	100.0	1,406	31.6	51.1	17.3	100.0	593

* Fewer than 25 cases in this category.

TABLE 14.1.4
Opinions on Best Age To Start School-Based Courses on Sexually Transmitted Diseases
Among Women and Men Who Agreed with Sex Education in School by Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	Women					Men				
	Best Age to Start Courses				No. of Cases	Best Age to Start Courses				No. of Cases
	≤13	14-15	16+	Total		≤13	14-15	16+	Total	
Total	27.3	50.4	22.3	100.0	6,426	33.8	46.7	19.5	100.0	2,242
Residence										
Urban	27.2	51.8	21.0	100.0	3,785	33.3	48.6	18.1	100.0	1,291
Rural	27.3	47.9	24.8	100.0	2,641	34.6	43.8	21.7	100.0	951
Region										
Bucharest	29.3	48.5	22.2	100.0	509	35.8	47.9	16.4	100.0	217
Vallahia	24.4	51.0	24.7	100.0	2,349	33.4	47.1	19.5	100.0	759
Transylvania	30.5	50.8	18.7	100.0	2,189	36.8	43.7	19.6	100.0	879
Moldova	25.5	50.0	24.5	100.0	1,379	28.1	50.9	20.9	100.0	387
Age Group										
15-24	17.0	53.3	29.8	100.0	2,016	21.5	51.7	26.8	100.0	580
25-34	30.3	51.1	18.6	100.0	2,501	35.0	48.2	16.8	100.0	720
35-44 (49)	40.2	46.3	17.6	100.0	1,909	42.9	41.6	15.5	100.0	942
Education Level										
Primary or less	29.0	47.7	23.3	100.0	977	30.7	43.4	25.9	100.0	257
Secondary Incomplete	25.7	49.7	24.7	100.0	2,359	31.2	48.1	20.7	100.0	1,012
Secondary Complete	26.2	51.9	21.9	100.0	2,038	38.4	44.4	17.2	100.0	563
Post-Secondary	30.9	51.6	17.5	100.0	1,052	36.3	48.6	15.1	100.0	410
Marital Status										
Currently Married, In Union	31.3	49.0	19.7	100.0	4,497	39.7	43.3	17.0	100.0	1,474
Previously Marries	35.4	46.5	18.1	100.0	438	39.7	41.0	19.3	100.0	85
NeverMarried	16.4	54.5	29.1	100.0	1,491	23.5	53.0	23.6	100.0	683
Ethnic Group										
Romanian	26.8	51.0	22.3	100.0	5,650	33.7	47.1	19.2	100.0	2,027
Hungarian	34.8	47.0	18.2	100.0	411	40.9	35.4	23.7	100.0	124
Rroma	26.9	44.9	28.3	100.0	282	22.2	54.2	23.7	100.0	67
Other	25.2	50.3	24.5	100.0	83	*	*	*	*	24
Soc.-Econ. Index										
Low	26.9	47.8	25.3	100.0	2,043	31.3	45.1	23.7	100.0	571
Medium	27.0	50.8	22.2	100.0	2,979	34.7	45.9	19.4	100.0	1,076
High	28.2	52.7	19.1	100.0	1,404	34.6	49.7	15.7	100.0	595

* Fewer than 25 cases in this category.



Among the 7% of men who did not agree that sex education should be taught in school, 53% thought that sex education "may give adolescents the idea to begin sexual activity earlier," 48% of this same group thought that those who teach sex education in schools are not qualified and 44% thought that sex education should be taught only at home (data not shown).

Women and men who agreed on the need for school-based sex education were also asked their opinion about the best age to start teaching each topic of sex education (Figure 14.1). As shown in the left hand panel of Table 14.1.2, four of five women (80%) wanted sex education classes on "how pregnancies occur" to be taught before age 16, including 32% of respondents who supported these courses before age 14. Older women as well as women ever in union and Hungarian women were more likely to think that classes on "how pregnancies occur" should be taught before the age of 14. Men's opinion on the age to begin teaching "how pregnancies occur" were almost identical to those for women. As shown in the right hand panel of Table 14.1.2, 84% of men wanted sex education classes about "how pregnancies occur" to be taught before age 16, including 36% of

respondents who supported these courses before age 14. As was the case for women, older men, those ever in union and Hungarian men were more likely to think that this information should be taught before the age of 14.

Opinions of reproductive-age men and women on the best age to begin teaching sex education courses covering methods of contraception and STDs are shown in [Tables 14.1.3](#) and 14.1.4. Among respondents who supported school-based education on these topics, there was again a strong preference to start the courses prior to age 16, ranging from 76 to 81%, including 26 to 34% who would like to see these courses introduced before age 14. Similarly, respondents of both genders who favored the early (before age 14) onset of school-based courses about STDs and contraception were more likely to be older, those who were ever in union and to be of the Hungarian ethnic group. Roma men were least favorable to courses prior to 14 years of age. No significant differences were noted according to residence, region or educational level.

14.2 Discussions About Sex Education Topics with Parents

In order to examine the impact of sex education on reproductive health knowledge and sexual and contraceptive behaviors, we explored young women's and young men's exposure to sex education topics separately at home and in school. All 15-24-year-olds were asked if, before they reached age 18, they had ever talked to a parent about the menstrual cycle, abstinence before marriage, how pregnancy occurs, contraceptive methods, HIV/AIDS and other STDs. Since the exposure for 15-17-year-olds is truncated as they have not yet reached the age of 18, the data for this age group are considered to be minimum estimates only.

[Table 14.2.1 A](#) shows the percentage of young women who had discussed selected sex education topics with a parent by selected characteristics. Overall, 88% of young women had talked about at least one sex education topic with their parents. Young women living in urban areas and in higher education and socio-economic groups were slightly more likely to have had such conversations with their parents. However, these discussions consisted for the most part of talking about the menstrual cycle and abstinence before marriage. Conversations about how pregnancies occur, STDs, HIV/AIDS, and contraception were substantially less prevalent, as only slightly more than half (53%) of young women talked to a parent before age 18 about human reproduction and only 41% and 40%, respectively, had discussed HIV/AIDS or other STDs. Talking to parents about methods of birth control was even less common among young women (33%).

Generally, parent-child conversations on any topic are more prevalent among urban than among rural young women. AIDS, in particular, was 44% more likely to be discussed in urban than

TABLE 14.2.1A
Percentage of Young Adult Women Aged 15-24
Who Have Discussed Certain Sex Education Topics With A Parent
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topic</u>							<u>No of Cases</u>
	<u>Any Topic</u>	<u>Menstrual Cycle</u>	<u>Abstinence Before Marriage</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other Sexually Transmitted Diseases</u>	<u>Contraception</u>	
Total	87.8	78.6	66.3	52.5	41.4	40.0	32.9	2,163
Residence								
Urban	92.0	84.0	65.9	59.2	48.1	44.8	37.1	1,171
Rural	81.9	71.0	66.7	42.9	31.9	33.2	26.8	992
Region								
Bucharest	88.5	81.6	65.1	55.1	47.2	49.6	42.8	154
Vallahia	90.4	81.2	72.1	51.5	43.6	41.2	33.2	816
Transylvania	85.6	79.0	60.3	56.6	38.7	37.9	33.8	701
Moldova	86.5	72.1	66.2	46.6	39.2	36.4	25.9	492
Age Group								
15-17	87.8	81.4	61.0	50.8	44.5	41.2	30.6	465
18-19	92.8	81.6	68.6	55.3	48.0	44.5	35.7	459
20-24	85.8	76.1	67.7	52.1	37.3	37.6	32.8	1,239
Marital Status								
Ever In Union	81.7	70.2	67.3	47.6	34.1	36.9	31.4	840
Never In Union	90.6	82.5	65.8	54.7	44.8	41.4	33.5	1,323
Education Level								
Primary or less	77.4	67.3	61.2	40.9	30.6	31.5	26.1	505
Secondary Incomplete	87.8	75.7	67.4	50.5	42.5	40.9	32.2	789
Secondary Complete	91.9	85.7	68.8	57.4	45.6	43.0	36.9	485
Post-secondary	95.3	89.2	66.8	64.2	47.1	44.5	37.1	384
Socio-economic Status								
Low	79.6	65.7	65.0	39.3	29.5	30.1	23.9	824
Medium	91.1	83.8	68.6	58.0	45.3	42.5	36.0	896
High	94.5	88.8	63.7	62.5	52.5	50.7	40.8	443

TABLE 14.2.1B
Percentage of Young Adult Men Aged 15-24
Who Have Discussed Certain Sex Education Topics With A Parent
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topic</u>							<u>No of Cases</u>
	<u>Any Topic</u>	<u>Menstrual Cycle</u>	<u>Abstinence Before Marriage</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other Sexually Transmitted Diseases</u>	<u>Contraception</u>	
Total	38.4	28.6	28.2	20.7	20.0	13.9	9.6	631
Residence								
Urban	49.5	37.8	37.6	27.2	24.6	18.0	12.5	373
Rural	23.8	16.6	16.0	12.3	14.0	8.7	5.7	258
Region								
Bucharest	45.4	37.2	37.4	23.4	25.1	16.9	16.0	59
Vallahia	38.0	27.7	29.3	19.4	16.6	13.7	9.4	206
Transylvania	44.6	31.8	29.8	26.0	27.1	16.0	12.0	238
Moldova	26.6	21.4	20.4	13.7	12.1	9.9	3.4	128
Age Group								
15-17	41.9	32.3	29.4	20.3	16.4	19.9	12.6	157
18-19	40.4	32.2	30.7	19.8	20.3	9.0	5.1	154
20-24	36.0	25.4	26.6	21.3	21.5	13.3	10.0	320
Marital Status								
Ever In Union	27.8	14.1	20.3	19.1	9.9	4.2	4.8	83
Never In Union	39.7	30.3	29.2	20.9	21.2	15.1	10.1	548
Education Level								
Primary or less	20.4	14.9	14.0	6.2	8.6	8.2	5.8	130
Secondary Incomplete	39.6	28.9	29.0	20.7	18.7	17.6	9.2	301
Secondary Complete	47.1	39.2	35.3	28.4	27.4	13.4	13.6	119
Post-secondary	52.0	35.6	39.1	34.3	32.9	4.0	4.4	81
Socio-economic Status								
Low	24.5	19.0	17.3	13.7	13.8	10.8	3.7	162
Medium	35.7	24.3	24.9	17.5	16.8	18.5	10.1	292
High	56.9	45.6	44.8	33.4	31.5	9.1	14.4	177

TABLE 14.2.2
Percentage of Young Adult Women and Men Aged 15-24
Who Have Discussed Certain Sex Education Topics With A Parent by Age Group
Comparative Estimates from the 96YARHS and 99RRHS
Reproductive Health Surveys: Romania, 1996 and 1999

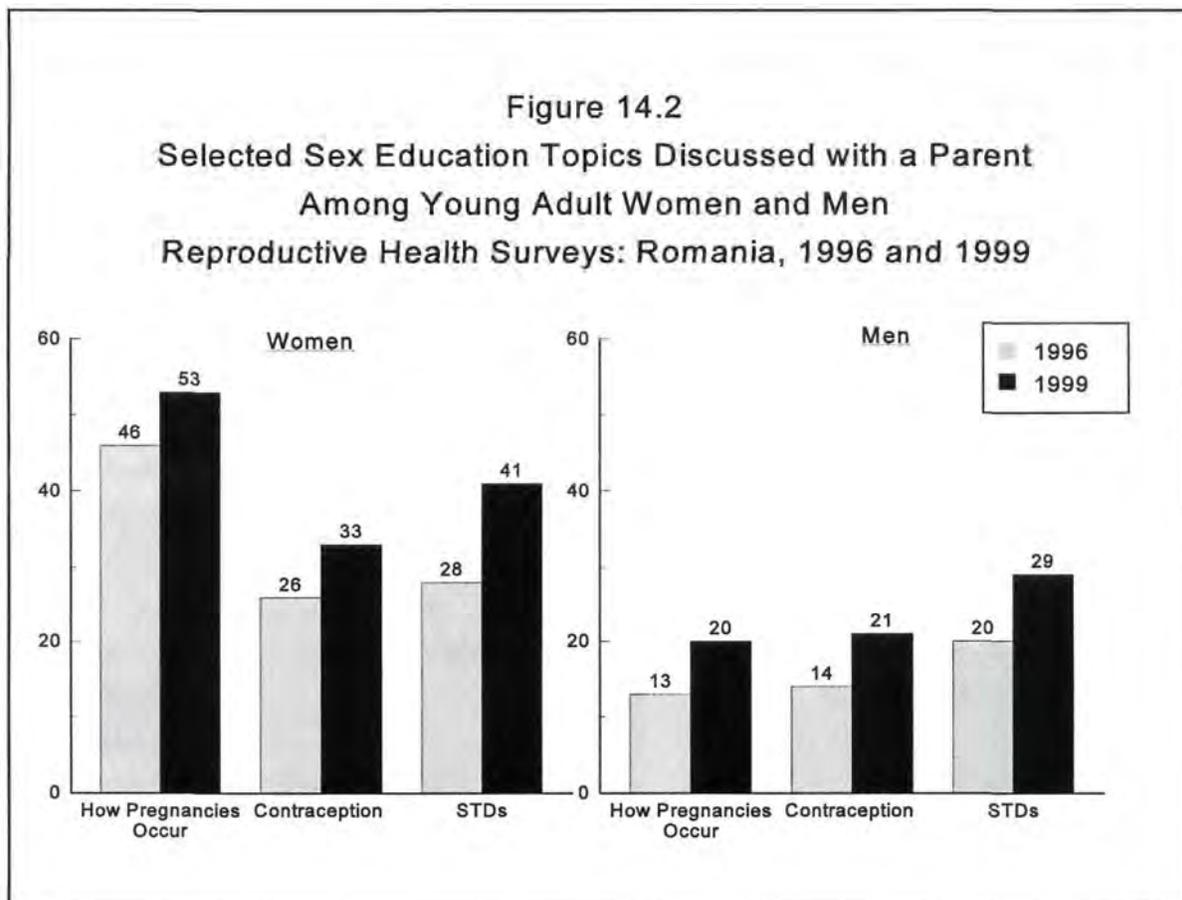
<u>Age Group</u>	<u>Sex Education Topic</u>							<u>No of Cases</u>
	<u>Any Topic</u>	<u>Menstrual Cycle</u>	<u>Abstinence Before Marriage</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other Sexually Transmitted Diseases</u>	<u>Contraception</u>	
Women Aged 15-24								
<u>1999</u>								
<u>Total</u>	87.8	78.6	66.3	52.5	41.4	40.0	32.9	2,163
<u>Age Group</u>								
15-17	87.8	81.4	61.0	50.8	44.5	41.2	30.6	465
18-19	92.8	81.6	68.6	55.3	48.0	44.5	35.7	459
20-24	85.8	76.1	67.7	52.1	37.3	37.6	32.8	1,239
<u>1996</u>								
<u>Total</u>	79.6	78.3	*	46.3	27.9	27.9	25.9	1,892
<u>Age Group</u>								
15-17	82.6	81.2	*	46.8	34.8	31.1	26.8	687
18-19	78.8	77.1	*	48.2	32.3	32.3	31.6	467
20-24	78.0	76.9	*	45.2	21.6	24.0	22.9	738
Men Aged 15-24								
<u>1999</u>								
<u>Total</u>	38.4	28.6	28.2	20.7	20.0	13.9	9.6	631
<u>Age Group</u>								
15-17	41.9	32.3	29.4	20.3	16.4	19.9	12.6	157
18-19	40.4	32.2	30.7	19.8	20.3	9.0	5.1	154
20-24	36.0	25.4	26.6	21.3	21.5	13.3	10.0	320
<u>1996</u>								
<u>Total</u>	25.5	5.8	*	12.6	15.9	20.3	14.1	1,924
<u>Age Group</u>								
15-17	27.1	5.6	*	4.9	18.9	21.9	13.7	743
18-19	28.1	6.1	*	13.6	19.6	22.6	17.1	494
20-24	23.3	5.9	*	12.6	12.4	18.4	13.2	687

* This topic was not asked in the 96YARHS.

rural areas. Also, discussions on all topics except abstinence increased with education and socio-economic level.

The proportion of young men who had spoken with their parents before age 18 about any sex education topic was less than half that of young women; 38% compared to 88% (Table 14.2.1B). As was the case for young women, young men living in urban areas and in higher education and socio-economic groups were generally more likely to have had any such conversations with their parents. However, for men the relative likelihood that particular topics were discussed differed from women. Though STDs and HIV/AIDS and contraception were the topics least discussed by women with their parents, these topics were those that were most discussed by men with their parents. Nonetheless, a greater percentage of women (40%-41%, and 33%, respectively) discussed even these topics with their parents than did men (28%-29%, and 21%, respectively). Relatively few men discussed the menstrual cycle and abstinence before marriage with their parents (14% and 10%).

To an even greater extent than for women conversations on any topic are more prevalent among urban than among rural residents. AIDS, other STDs and contraception were more than twice



as likely to be discussed by young men with their parents in urban than rural areas. By region, young men residing in Moldova were much less likely to talk with a parent about any topic than men living in other regions.

Since the 96YARHS was carried out, the overall proportion of young women who before the age of 18 had discussions with their parents on sex education topics has increased about 10% from 80 to 88% (upper panel of [Table 14.2.2](#) and [Figure 14.2](#)). For discussions on the dangers of STDs, HIV/AIDS and contraception there were substantial increases of 48%, 43% and 27%, respectively.

The corresponding overall increase for young men was about 50%, from 26% in 1996 to 38% in 1999, a much larger proportional increase (lower panel of [Table 14.2.2](#) and [Figure 14.2](#)). This is true for individual topics with substantial increases for all topics except the menstrual cycle.

14.3 Sex Education Instruction in School

Young women and young men were also asked whether, before they reached age 18, they had ever received formal instruction in school about the topics listed in [Table 14.3.1A](#) and [14.3.1B](#). Those who reported exposure to formal instruction were then asked the age at which they first had a class on each specific topic. Similar to the data on discussions with parents, the data for sex education for 15 -17-year-olds in schools is truncated, as these respondents have not yet reached the age of 18. Therefore, the data for this age group are considered to be a minimum estimate only.

Table [14.3.1 A](#) shows the percentage of women who reported formal sex education on specific topics. Overall, most (89%) young women had at least one school-based course or class on sex education. However, they were more likely to have received lectures on female and male reproductive biology, the menstrual cycle, and how pregnancy occurs (78%, 75%, 71%, and 59%, respectively) than lectures on HIV/AIDS, other STDs, and contraceptive methods (42%, 39%, and 29%). As was the case for discussions with parents, those young women with only a primary education were significantly less likely to have taken a sex education course in school. On the other hand, since in some areas these courses may not be offered until secondary school, as a group they had fewer opportunities to take such courses, so the fact that 70% nevertheless have taken a course is important. However, this also points to the need for out-of-school education for those who never entered secondary school. Also, as was the case for discussions of sex education topics with parents, a significantly lower proportion of young women in the lowest socio-economic category and Roma women had ever taken a school-based course on any sex education topic.

TABLE 14.3.1A
Percentage of Young Adult Women Aged 15-24 Years
Who Had Selected Sex Education Classes In School Before the Age of 18
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topics</u>								<u>No. of Cases</u>
	<u>Any Topic</u>	<u>Female Reproductive Biology</u>	<u>Male Reproductive Biology</u>	<u>Menstrual Cycle</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other STDs</u>	<u>Contraception</u>	
Total	88.5	78.3	74.9	70.6	59.0	42.4	38.6	29.1	2,163
Residence									
Urban	91.5	83.7	81.3	71.2	64.1	47.6	44.4	33.8	1,171
Rural	84.1	70.6	65.7	69.7	51.6	34.9	30.2	22.4	992
Region									
Bucharest	86.8	75.0	70.6	56.4	52.6	37.0	35.2	24.4	154
Vallahia	89.4	80.6	75.7	69.7	56.6	43.0	39.0	27.5	816
Transylvania	88.7	77.0	74.9	73.7	62.2	43.8	39.6	33.8	701
Moldova	87.4	78.1	75.6	74.1	61.2	41.7	37.9	27.0	492
Age Group									
15-17	90.5	79.5	74.3	77.2	61.0	48.6	39.3	30.2	465
18-19	88.5	78.8	75.6	68.7	62.7	54.0	47.6	38.3	459
20-24	87.5	77.5	74.8	68.3	56.4	34.7	34.5	24.7	1,239
Education Level									
Primary or less	70.2	55.7	51.7	60.4	41.4	23.8	18.5	14.4	505
Secondary Incomplete	91.2	80.0	75.0	74.2	60.6	45.7	39.4	31.0	789
Secondary Complete	94.8	88.5	86.2	75.7	67.1	50.3	49.1	35.9	485
Post-secondary	96.7	89.1	88.0	68.9	66.5	48.1	47.7	34.3	384
Socioeconomic Status									
Low	79.5	64.3	60.1	47.4	47.4	29.9	46.4	24.6	824
Medium	93.1	86.4	82.8	65.9	65.9	51.1	49.7	46.9	896
High	93.7	84.8	82.8	63.9	63.9	45.4	53.3	44.6	443
Ethnic Group									
Romanian	90.7	81.2	77.6	72.1	60.8	43.3	39.9	29.7	1,887
Hungarian	86.4	68.0	66.5	73.0	58.5	50.5	42.2	39.7	123
Rroma	57.4	47.2	43.3	46.2	30.4	22.6	15.7	4.9	124
Other	82.9	65.3	66.5	65.8	65.2	36.8	34.3	19.0	29

TABLE 14.3.1B
Percentage of Young Adult Men Aged 15-24 Years
Who Had Selected Sex Education Classes In School Before the Age of 18
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Sex Education Topics</u>								<u>No. of Cases</u>
	<u>Any Topic</u>	<u>Female Reproductive Biology</u>	<u>Male Reproductive Biology</u>	<u>Menstrual Cycle</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other STDs</u>	<u>Contraception</u>	
Total	71.1	61.0	58.1	47.5	44.9	41.2	30.3	28.9	631
<u>Residence</u>									
Urban	79.9	68.3	65.6	54.9	55.1	48.7	34.9	32.6	373
Rural	59.7	51.5	48.3	38.0	31.7	31.5	24.2	24.2	258
<u>Region</u>									
Bucharest	73.3	65.4	66.7	42.8	28.8	35.6	32.5	26.6	59
Vallahia	66.4	58.1	53.1	42.6	42.4	38.9	27.9	22.2	206
Transylvania	76.9	64.8	62.1	55.2	52.4	45.8	33.6	38.7	238
Moldova	68.7	57.9	56.1	45.4	44.3	40.3	27.8	25.4	128
<u>Age Group</u>									
15-17	81.1	65.3	63.8	48.4	49.9	45.9	33.6	29.3	157
18-19	72.3	65.4	58.9	47.8	53.5	49.0	38.5	32.9	154
20-24	66.1	57.3	55.2	47.0	39.1	35.9	25.3	27.2	320
<u>Education Level</u>									
Primary or less	50.3	43.9	39.6	31.6	19.4	18.3	14.5	23.1	130
Secondary Incomplete	72.5	60.5	58.7	45.4	48.4	45.0	29.6	27.9	301
Secondary Complete	81.0	71.5	66.2	58.8	55.2	51.4	41.9	32.9	119
Post-secondary	87.1	77.1	75.4	66.1	60.3	51.6	42.6	36.8	81
<u>Socioeconomic Status</u>									
Low	58.6	50.1	46.8	34.5	30.7	30.8	23.8	24.1	162
Medium	72.2	60.2	58.6	50.4	45.5	41.7	28.9	26.2	292
High	81.7	73.2	68.4	55.5	57.9	50.7	39.0	38.6	177
<u>Ethnic Group</u>									
Romanian	90.7	81.2	77.6	72.1	60.8	43.3	39.9	29.7	1,887
Hungarian	86.4	68.0	66.5	73.0	58.5	50.5	42.2	39.7	123
Rroma	57.4	47.2	43.3	46.2	30.4	22.6	15.7	4.9	124
Other	82.9	65.3	66.5	65.8	65.2	36.8	34.3	19.0	29

TABLE 14.2.2
Percentage of Young Adult Women and Men Aged 15-24
Who Have Discussed Certain Sex Education Topics With A Parent by Age Group
Comparative Estimates from the 96YARHS and 99RRHS
Reproductive Health Surveys: Romania, 1996 and 1999

<u>Age Group</u>	<u>Sex Education Topic</u>								<u>No of Cases</u>
	<u>Any Topic</u>	<u>Female Reproductive Biology</u>	<u>Male Reproductive Biology</u>	<u>Menstrual Cycle</u>	<u>How Pregnancies Occur</u>	<u>HIV/AIDS</u>	<u>Other STDs</u>	<u>Contraception</u>	
Women Aged 15-24									
					<u>1999</u>				
Total	88.5	78.3	74.9	70.6	59.0	42.4	38.6	29.1	2,163
<u>Age Group</u>									
15-17	90.5	79.5	74.3	77.2	61.0	48.6	39.3	30.2	465
18-19	88.5	78.8	75.6	68.7	62.7	54.0	47.6	38.3	459
20-24	87.5	77.5	74.8	68.3	56.4	34.7	34.5	24.7	1,239
					<u>1996</u>				
Total	88.4	82.7	81.8	77.4	63.6	38.2	35.2	24.4	1,892
<u>Age Group</u>									
15-17	87.5	79.7	78.5	72.3	59.7	53.0	42.6	27.2	687
18-19	86.9	82.5	81.9	76.1	66.1	45.5	42.6	28.8	467
20-24	89.6	84.7	83.8	81.2	65.0	25.8	27.5	20.7	738
Men Aged 15-24									
					<u>1999</u>				
Total	71.1	61.0	58.1	47.5	44.9	41.2	30.3	28.9	631
<u>Age Group</u>									
15-17	81.1	65.3	63.8	48.4	49.9	45.9	33.6	29.3	157
18-19	72.3	65.4	58.9	47.8	53.5	49.0	38.5	32.9	154
20-24	66.1	57.3	55.2	47.0	39.1	35.9	25.3	27.2	320
					<u>1996</u>				
Total	77.2	69.5	71.0	48.0	55.6	36.2	38.2	24.7	1,924
<u>Age Group</u>									
15-17	77.9	68.3	70.9	46.1	51.5	43.9	40.4	22.8	743
18-19	77.6	67.9	70.3	46.4	58.0	43.9	45.8	31.9	494
20-24	76.7	70.0	71.3	49.9	57.2	28.0	33.6	23.0	687

A lower percentage of young men than young women (71% vs. 89%) had ever taken a sex education course on any topic in school, though the difference between men and women is not as great as that for discussions of sex education topics with parents ([Table 14.3.1B](#)). Young men were more likely to have received lectures on male and female reproductive biology (61% and 58%) than lectures on how pregnancy occurs, HIV/AIDS, other STDs, contraception and the menstrual cycle (48%, 45%, 41%, 30% and 29%, respectively).

Compared to urban areas, significantly fewer young men in rural areas, 60% as opposed to 80%, have taken any school-based course on sex education. This urban-rural difference was much greater for young men than was the case for young women as previously shown in [Table 14.3.1 A](#). As was the case for discussions with parents, regardless of topic, those young men with only a primary education were significantly less likely to have taken a sex education course in school. Again, similar to young women, since in some areas these courses may not be offered until secondary school, as a group their opportunity to take a course outside the school environment becomes more important.

The overall proportion of young women who have taken a course in sex education in school has remained unchanged since the 96YARHS was carried out ([Table 14.3.2](#)). In addition, the proportion of women who have taken classes on the menstrual cycle declined. There are no significant differences for any other topic. For young men, although there is a decline in taking classes on any topic, the difference is not significant. However, for individual topics on reproductive biology, the menstrual cycle and pregnancy, there has been a significant decline reported by men. The conclusion is that the sex education program in Romania has not improved its coverage between 1996 and 1999.

TABLE 14.3.3
Percent of Young Adult Women And Men Aged 15-24
Who Have Taken Courses In School on Selected Sex Education Topics by Certain Ages
Reproductive Health Survey: Romania, 1999

<u>Sex Education Topic</u>	<u>Percent Who Have Taken Course By Age:</u>						<u>No. of Cases</u>
	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	
	<u>WOMEN</u>						
How Pregnancy Occurs	12.7	41.8	47.0	52.4	58.5	61.0	2,160
Contraceptive Methods	2.5	10.0	14.3	21.7	29.2	31.9	2,161
HIV / AIDS	3.4	14.2	20.9	31.5	42.1	45.4	2,161
Other Sex. Trans. Diseases	3.2	12.3	17.9	27.8	38.1	41.7	2,161
	<u>MEN</u>						
How Pregnancy Occurs	5.8	31.2	37.4	42.4	47.5	48.6	628
Contraceptive Methods	1.3	11.2	17.6	24.4	29.8	31.9	629
HIV / AIDS	3.7	15.4	24.5	34.3	44.4	47.0	628
Other Sex. Trans. Diseases	3.4	15.4	23.1	32.2	41.4	43.2	629

Looking at the proportion of young women who have taken specific courses in school on sex education shows that of those women who have taken a course on "how pregnancy occurs," approximately two of three will have done so by age 15 ([Table 14.3.3](#)). However, for "contraceptive methods," HIV/AIDS, and "other STDs," of those young women that have taken these courses, two of three have done so by age 17. While lower percentages of men have taken these courses, these data on the proportion who have taken the courses by these ages are similar to those of women.

[Table 14.3.4](#) shows who young women and men reported as having taught them the various sex education topics. For both women and men, "menstrual cycle," female and male reproductive biology, and "how pregnancies occur" were almost exclusively taught by the teachers in their school. Lower proportions, about two-thirds of women and about 80% of men, report that HIV/AIDS, other

TABLE 14.3.4
Main Source of School-Based Sex Education
Among Young Women and Men Aged 15-24 Who Received Sex Education in School
by Selected Topics
Reproductive Health Survey: Romania, 1999

<u>Sex Education Topic</u>	<u>Source of School-Based Sex Education</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Teacher</u>	<u>Doctor/ Nurse</u>	<u>Volunteer</u>	<u>Other</u>	<u>Do Not Remember</u>		
<u>WOMEN</u>							
Menstrual Cycle	88.6	9.0	1.6	0.5	0.3	100.0	1,524
Female Reproductive Biology	95.3	3.9	0.7	0.0	0.1	100.0	1,649
Male Reproductive Biology	95.6	3.4	0.7	0.0	0.2	100.0	1,570
How Pregnancies Occur	89.7	8.6	1.2	0.2	0.2	100.0	1,232
Contraceptive Methods	61.9	26.2	10.9	0.6	0.5	100.0	615
HIV/AIDS	67.8	22.7	9.2	0.1	0.2	100.0	889
Other Sexually Transmitted Diseases	68.8	23.0	7.7	0.2	0.5	100.0	797
<u>MEN</u>							
Menstrual Cycle	92.2	6.0	1.8	0.0	0.0	100.0	173
Female Reproductive Biology	95.3	3.9	0.9	0.0	0.0	100.0	379
Male Reproductive Biology	94.5	4.3	1.2	0.0	0.0	100.0	397
How Pregnancies Occur	93.4	4.6	1.8	0.0	0.3	100.0	309
Contraceptive Methods	77.5	14.1	7.9	0.0	0.4	100.0	192
HIV/AIDS	80.5	10.0	9.3	0.2	0.0	100.0	288
Other Sexually Transmitted Diseases	78.8	11.6	9.6	0.0	0.0	100.0	261

STDs and contraception were taught by teachers, with the remainder almost universally reporting these courses were taught by doctors, nurses or volunteers. The volunteers are usually peer educators trained by non-governmental organizations.

14.4 Most Important Source of Information About Sexual Matters

Young men and women aged 15-24 were asked who, in their opinion, had been their most important source of information on topics related to sexual matters.

[Table 14.4A](#) shows that for most women the most important sources for this type of information, in roughly similar proportions, were the media, their parents, and their friends/peers (28%, 21% and 21%, respectively). Only one in seven women named teachers and fewer than 5% named other sources of information.

In urban areas and as education increases, the media becomes somewhat more important to young women as a source of information on sexual matters. Although relatively few women rely on their teachers or books overall, in lower socio-economic groups teachers are a more important source of information for women, while books are more important among women with a post-secondary education.

More than 70% of men report that, in their opinion, either their friends/peers or the media are the most important sources of information on sexual matters; in roughly similar proportions, 37% and 34%, respectively ([Table 14.4B](#)). By residence, friends/peers are the most important source of this type of information in rural areas, while in urban areas the media is the most important source. By education, friends/peers are the most important sources of information for men in the lower education categories, while the men in the higher education categories tend to look to the media as a source of information on sexual matters.

Table 14.4A
Most Important Source of Information About Sexual Matters
Among Young Adult Women Aged 15-24 by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Most Important Source of Information About Sexual Matters</u>									<u>Total</u>	<u>No. of Cases*</u>
	<u>Media</u>	<u>Parents</u>	<u>Friends</u> <u>Peers</u>	<u>Teacher</u>	<u>Books</u>	<u>Other</u> <u>Relatives</u>	<u>Doctor</u>	<u>Partner/ Husband</u>	<u>Other</u>		
Total	27.5	21.2	20.5	13.3	4.5	4.5	3.8	2.6	2.2	100.0	2,116
Residence											
Urban	32.4	21.2	19.2	10.8	5.2	3.3	3.7	1.9	2.4	100.0	1,163
Rural	20.4	21.3	22.3	16.9	3.4	6.3	3.8	3.6	2.0	100.0	953
Region											
Bucharest	24.5	29.3	21.4	4.4	6.3	5.2	4.6	1.4	3.0	100.0	152
Vallahia	29.0	21.0	21.0	12.3	4.4	4.6	3.6	2.2	1.7	100.0	804
Transylvania	26.4	21.1	21.2	16.4	4.7	2.8	3.4	2.5	1.5	100.0	682
Moldova	28.3	17.8	17.9	14.4	3.4	6.5	4.2	3.8	3.7	100.0	478
Age Group											
15-17	20.4	27.9	19.2	18.2	2.7	5.5	3.1	0.2	2.9	100.0	457
17-19	32.6	20.0	20.8	10.5	3.3	3.9	4.0	2.6	2.3	100.0	449
20-24	28.8	18.7	21.0	12.1	5.8	4.3	4.0	3.7	1.8	100.0	1,210
Education Level											
Primary or less	16.4	27.3	23.6	13.7	0.9	10.6	1.3	5.1	1.1	100.0	478
Secondary Incomplete	22.3	22.5	24.7	15.0	2.7	4.1	3.4	2.4	2.9	100.0	774
Secondary Complete	38.8	17.1	17.0	12.1	3.9	1.8	4.7	2.2	2.4	100.0	482
Post-Secondary	36.7	16.9	12.7	10.7	12.8	1.6	6.2	0.5	1.9	100.0	382
Marital Status											
Ever In Union	22.9	23.1	20.6	11.3	3.4	5.9	3.8	7.6	1.4	100.0	811
Never In Union	29.6	20.4	20.5	14.1	5.0	3.9	3.7	0.3	2.6	100.0	1,305
No. of Living Children											
0	29.1	20.8	20.3	13.6	4.9	4.2	3.6	1.0	2.4	100.0	1,608
1	20.6	24.8	20.2	11.1	3.1	4.9	5.1	9.2	1.0	100.0	386
2+	20.9	17.4	24.5	13.1	2.2	8.0	2.0	9.9	2.1	100.0	122
Socio-economic Status											
Low	19.1	20.4	26.5	17.0	1.6	6.9	2.2	4.4	2.1	100.0	788
Medium	30.2	22.0	18.2	13.4	4.9	3.1	4.3	1.8	2.0	100.0	888
High	35.1	21.0	15.8	7.4	8.0	3.4	5.1	1.3	2.8	100.0	440

* Excludes 47 women who did not respond to this question.

Table 14.4B
Most Important Source of Information About Sexual Matters
Among Young Adult Men Aged 15-24 by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Most Important Source of Information About Sexual Matters</u>										<u>No. of Cases*</u>
	<u>Friends</u> <u>Peers</u>	<u>Media</u>	<u>Teacher</u>	<u>Books</u>	<u>Parents</u>	<u>Other</u> <u>Relatives</u>	<u>Doctor</u>	<u>Partner/</u> <u>Wife</u>	<u>Other</u>	<u>Total</u>	
Total	36.8	34.4	10.3	8.7	5.6	1.4	1.3	0.5	1.0	100.0	619
<u>Residence</u>											
Urban	26.2	38.6	11.3	10.9	7.3	1.4	2.2	0.5	1.7	100.0	367
Rural	50.7	29.0	9.0	5.9	3.4	1.5	0.2	0.5	0.0	100.0	252
<u>Region</u>											
Bucharest	24.3	23.2	14.2	17.3	17.5	2.7	0.0	0.0	0.9	100.0	56
Vallahia	35.8	37.9	10.5	6.2	5.5	1.7	1.9	0.3	0.7	100.0	202
Transylvania	35.8	37.0	10.5	8.0	4.5	1.2	1.0	1.1	1.0	100.0	233
Moldova	44.8	30.5	8.0	10.4	2.7	0.8	1.6	0.0	1.3	100.0	128
<u>Age Group</u>											
15-17	34.2	29.8	18.9	6.5	7.1	1.8	0.9	0.3	0.6	100.0	152
17-19	41.0	28.4	11.6	7.8	4.4	3.2	2.1	0.0	1.5	100.0	151
20-24	36.2	39.0	5.8	10.1	5.4	0.6	1.2	0.8	0.9	100.0	316
<u>Education Level</u>											
Primary or less	57.3	24.3	6.6	4.0	2.5	4.1	0.8	0.4	0.0	100.0	125
Secondary Incomplete	36.0	34.0	14.0	5.5	6.9	1.0	1.3	0.8	0.5	100.0	297
Secondary Complete	28.8	36.2	7.9	16.7	5.2	0.4	1.5	0.0	3.5	100.0	117
Post-Secondary	17.8	49.8	5.9	17.2	6.4	0.0	2.3	0.0	0.6	100.0	80
<u>Marital Status</u>											
Ever In Union	32.9	40.4	10.8	7.7	4.6	0.9	0.9	1.8	0.0	100.0	82
Never In Union	37.3	33.7	10.2	8.9	5.7	1.5	1.4	0.3	1.1	100.0	537
<u>Socio-economic Status</u>											
Low	55.8	25.7	7.4	5.4	1.9	2.4	0.6	0.7	0.0	100.0	159
Medium	32.5	38.3	12.0	8.1	6.4	0.8	0.5	0.6	0.8	100.0	285
High	25.6	36.2	10.1	13.1	7.8	1.6	3.5	0.0	2.2	100.0	175

* = Excludes 11 men who did not respond to this question.

14.5 Impact on Knowledge About Fertility Issues and Contraception

Although most young women (89%) and young men (71%) were exposed to at least one course or class on sex education before age 18 (see [Table 14.3.2](#)) and well over half of young women had instruction about the menstrual cycle and how pregnancies occur (71% and 59%, respectively), taking a course does not necessarily translate into correct knowledge and subsequent safe sexual behaviors. To determine whether exposure to formal or parental sex education has any impact on respondents' knowledge of human reproduction, all young women and men were asked to identify the time during the menstrual cycle when conception is most likely to occur (they were read a list of five choices), if breastfeeding increases, decreases or has no effect on a woman's risk of getting pregnant, and if pregnancy can occur at first sexual intercourse.

Knowledge of the most fertile time in a woman's menstrual cycle is an important measure of a couple's ability to assess the risk of pregnancy occurrence during unprotected intercourse, and thereby an indicator of the potential to prevent unintended pregnancies. [Table 14.5.1](#) shows the percent distribution of young women and men according to their answers to the question on identifying the time during the menstrual cycle when conception is most likely to occur, by whether they had ever discussed the menstrual cycle with their parents or taken a related school-based sex education course or class. The 1999 data are compared with data from the 1996 Young Adult survey.

Overall, only 42% of young women and 26% of young men were able to correctly identify the most fertile time (halfway between periods) during a woman's menstrual cycle. The proportion of young women who correctly answered this question increased modestly (just statistically significant at the 0.05 level) between 1996 and 1999, but more than half of women and almost three of four men still do not know the correct answer. The proportion of young men who answered this question correctly was unchanged statistically between 1996 and 1999.

Discussions with parent(s) or sex education in school had a positive influence on the proportion of young adults with correct answers. In 1999, the proportion of women who knew the correct time during the menstrual cycle when the risk of pregnancy is greatest was only 30% among those who have never talked to a parent about the menstrual cycle and 45% among those who reported such conversations. Similarly, for those who took a school based course the correct answer was known by 44% versus 36% among those who did not report formal instruction. In 1996 the differences were similar. Thus, though widespread exposure to this topic increases knowledge of the correct information, the fact still remains that most young adults who acknowledged education on the menstrual cycle either in school or at home gave the wrong answer or did not know how to respond to the question. There is also no evidence of improvement of knowledge in the period between 1996 and 1999.

In the upper part of each panel for women and men in [Table 14.5.2](#) are responses to the question, "Do you think that breast-feeding increases, decreases or has no effect on a woman's risk of getting pregnant?" (This question was not asked in 1996.) Overall, only about one in seven young adults (17% of women, 14% of men) correctly responded that breastfeeding decreases the risk of pregnancy. There was no difference for either men or women by whether or not they had home-based or school-based sex education on "How Pregnancy Occurs". It is important to note that almost half of young women and almost 60% of men did not know how to respond to this question.

In the lower part of each panel for women and men are responses of young adults to the statement asking if they agreed that, "A woman can become pregnant the first time she has sexual intercourse." Seventy-two percent of both young men and young women agreed that a woman can get pregnant at first intercourse. Of the remaining 28% of young women and men, roughly equal proportions think either a woman cannot get pregnant at first intercourse or do not know the answer to this question. Greater proportions of both men and women who had either home or school-based sex education correctly agreed that a woman can get pregnant at first intercourse, demonstrating that sex education can have an association with correct knowledge on this issue.

The survey included a series of questions in which male and female respondents were asked whether they knew how to use any of 10 methods of contraception listed (see Chapter VII). As shown in [Table 14.5.3](#), more than three-fourths of young women (77%) and almost all young men (93%) said they knew how a condom is used, while less than half of both genders said they know how the pill or the IUD is used. No more than 30% of young women or 20% of young men know how other modern methods are used. With the exception of withdrawal among young women, parental discussion and sex education courses in school appear to have a consistent effect on increasing knowledge of contraceptive method use, and to a greater extent among men than women.

In summary, among young adults knowledge of use of modern methods other than the condom is low. This is not surprising since only one-third of young women and 21% of young men ever talked about contraception with their parents and only 30% of both genders reported having been taught about contraception in school (see [Tables 14.2.1A](#) and [14.2.1B](#) and [14.3.1A](#) and [14.3.1B](#)). Nonetheless, the fact that knowledge of using modern methods is consistently higher among those young people who did learn about contraception from their parents or in school shows that efforts to expand sex education activities should continue.

TABLE 14.5.1
Knowledge of Young Adult Women and Men Aged 15-24
About the Most Likely Time to Become Pregnant During the Menstrual Cycle
by Whether or not Menstrual Cycle Was Discussed With a Parent or Taught In School
Comaparative Estimates from 96YARHS and 99RRHS
Reproductive Health Surveys: Romania, 1996 and 1999

<u>Most Likely Time to Become Pregnant During Menstrual Cycle</u>	Women Aged 15-24									
	<u>Total</u>		<u>Parental Discussions</u>				<u>Tought in School</u>			
			<u>Yes</u>		<u>No</u>		<u>Yes</u>		<u>No</u>	
	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>
Halfway Between Two Periods	36.2	41.5	37.9	44.5	30.3	30.3	40.2	43.5	22.7	36.4
The Week Before Period, During Period, or the Week After	11.1	17.4	11.4	17.2	10.3	17.9	11.0	17.3	11.7	17.7
Anytime	8.3	15.5	8.5	14.1	8.5	20.7	7.8	15.9	9.8	14.5
Do Not Know	44.4	25.7	42.3	24.2	42.3	31.1	41.1	23.2	55.7	31.5
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Number of Cases</u>	2,025	2,163	1,579	1,677	446	486	1,548	1,524	477	639

<u>Most Likely Time to Become Pregnant During Menstrual Cycle</u>	Men Aged 15-24									
	<u>Total</u>		<u>Parental Discussions</u>				<u>Tought in School</u>			
			<u>Yes</u>		<u>No</u>		<u>Yes</u>		<u>No</u>	
	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>	<u>1996</u>	<u>1999</u>
Halfway Between Two Periods	31.7	26.4	46.7	29.9	30.8	26.0	41.3	35.7	22.9	22.6
The Week Before Period, During Period, or the Week After	16.1	26.5	25.0	34.8	15.5	25.6	17.0	29.0	15.2	25.4
Anytime	7.4	6.7	4.4	9.7	7.6	6.4	6.0	8.5	8.8	5.9
Do Not Know	44.8	40.5	23.8	25.7	46.1	42.1	35.7	26.8	53.2	46.1
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Number of Cases</u>	2,047	631	117	61	1,930	570	963	191	1,084	440

TABLE 14.5.2
Knowledge of Young Adult Women and Men Aged 15-24
About the Risk of Getting Pregnant While Breastfeeding and the Possibility of Getting Pregnant
at the Time of First Sexual Intercourse
by Whether or not "How Pregnancies Occur" Was Discussed With a Parent or Taught in School
Reproductive Health Survey: Romania, 1999

Women Aged 15-24					
<u>Risk of Getting Pregnant While Breastfeeding</u>	<u>Total</u>	<u>Parental Discussions</u>		<u>Tought in School</u>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Lower Risk	16.7	16.3	17.2	17.2	16.1
Same Risk as if not Breastfeeding	23.7	23.3	24.1	23.7	23.6
Higher Risk	10.8	11.2	10.3	10.7	10.9
Do not Know	48.9	49.3	48.4	48.5	49.4
Total	100.0	100.0	100.0	100.0	100.0
Possibility of Getting Pregnant at First Intercourse					
Possible	71.5	76.5	66.0	77.1	63.6
Not Possible	13.0	11.2	15.1	11.3	15.6
Do not Know	15.4	12.2	18.9	11.6	20.8
Total	100.0	100.0	100.0	100.0	10.0
Number of Cases	2,163	1,102	1,061	1,232	931
Men Aged 15-24					
<u>Risk of Getting Pregnant While Breastfeeding</u>	<u>Total</u>	<u>Parental Discussions</u>		<u>Tought in School</u>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Lower Risk	14.2	14.9	14.1	15.4	13.2
Same Risk as if not Breastfeeding	14.8	17.9	14.0	18.7	11.3
Higher Risk	12.7	14.6	12.3	15.2	10.5
Do not Know	58.2	52.6	59.6	50.8	65.0
Total	100.0	100.0	100.0	100.0	10.0
Possibility of Getting Pregnant at First Intercourse					
Possible	71.9	86.2	68.3	79.0	65.4
Not Possible	15.6	9.5	17.2	15.4	15.9
Do not Know	12.5	4.3	14.5	5.6	18.7
Total	100.0	100.0	100.0	100.0	10.0
Number of Cases	631	127	504	309	322

TABLE 14.5.3
Knowledge of Young Adult Women and Men Aged 15-24
About How Specific Methods of Contraception Are Used
by Whether or not Contraceptive Methods Were Discussed With a Parent or Taught in School
Reproductive Health Survey: Romania, 1999

Women Aged 15-24					
<u>Contraceptive Method</u>	<u>Total</u>	<u>Parental Discussions</u>		<u>Tought in School</u>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Condom	77.0	82.3	74.4	83.3	74.4
Withdrawal	59.6	63.2	57.9	58.9	59.9
Calendar	50.9	60.3	46.3	61.7	46.5
Pill	44.1	52.5	40.2	49.7	41.9
IUD	42.1	48.8	38.7	47.9	39.6
Female Sterilization	30.6	36.3	27.8	38.4	27.5
Spermicide	22.9	25.7	21.5	28.4	20.6
Male Sterilization	20.9	27.8	17.5	31.4	16.6
Emergency Contraception	18.7	26.9	14.7	27.0	15.3
Injectables	12.9	16.0	11.3	19.0	10.3
<u>Number of Cases</u>	2,163	693	1,470	615	1,548
Men Aged 15-24					
<u>Contraceptive Method</u>	<u>Total</u>	<u>Parental Discussions</u>		<u>Tought in School</u>	
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
Condom	92.8	99.5	91.1	99.3	90.0
Withdrawal	79.2	90.1	76.3	84.4	76.9
Calendar	44.7	66.1	39.2	53.8	40.8
Pill	40.0	63.1	34.0	57.0	32.6
IUD	29.4	52.9	23.2	40.4	24.6
Female Sterilization	19.6	40.5	14.1	27.2	16.2
Spermicides	17.9	25.7	21.5	32.1	11.8
Male Sterilization	14.6	27.8	17.5	19.4	12.6
Emergency Contraception	14.3	26.9	14.7	23.3	10.3
Injectables	8.4	16.0	11.3	12.4	6.7
<u>Number of Cases</u>	631	137	494	192	439

CHAPTER XV

SEXUAL AND CONTRACEPTIVE EXPERIENCE OF YOUNG ADULTS

Prior to 1990, in the Romanian climate of strong moralistic principles vigorously promoted by the communist regime, sex education in school was prohibited, sexuality was a taboo topic, and knowledge of contraception was discouraged for the purpose of population growth. Although most adolescents remained sexually abstinent for most of their teen years, recent social, economical and cultural changes were likely to liberalize sexual behaviors at a higher pace than in the past. The 93RRHS documented that compared to older cohorts, young women 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. Compared to the 93RRHS, in 96YARHS more women reported sexual experience before age 20 and more were currently sexually active. Although the proportion of sexually active adolescents had increased, pregnancy rates among sexually experienced youth declined slightly, probably as a result of increased use of modern contraceptives (contraceptive prevalence at first premarital intercourse increased by 50% between 1993-1996, with virtually all the increase due to increased condom use).

15.1 Sexual Experience of Young Adults

The 99RRHS questionnaire included a series of questions about the age at which young adults (15-24 years of age) became sexually experienced, relationship to their first sexual partner, contraceptive use at first intercourse, lifetime and current (within the past three months) number of sex partners, and communication with their partners about contraception.

As shown in [Table 15.1.1](#) slightly more than half of 15-24-year-old women have ever had sexual intercourse. Although the likelihood of having had intercourse increased steadily with age, sexual experience among women under 17 years of age was uncommon (7%). Only 13% of 15-17-year-old women have ever had sex (data not shown). In fact, even later in the teenage years (18-19), fewer than one of every two women were sexually experienced. Overall, almost 75% of 15-19-year-old girls were virgins ([Table 15.1.2](#)). Conversely, sexual experience was very common among 20-24-year-olds. Three of four 20-22-year-old women and the majority of women (85%) aged 23-24 were sexually experienced. Overall, more than three out of four women (77%) reporting sexual experience had premarital sexual intercourse. The proportions who initiated sexual activity before marriage was higher among 15-19 year old women than among women aged 20-24: 83% of

TABLE 15.1.1
Reported Sexual Experience of Young Women and Men 15–24 Years of Age
by Marital Status at Time of First Sexual Experience by Current Age
Reproductive Health Survey: Romania, 1999

<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>		
Women Aged 15-24					
Total (15–24)	46.6	12.5	40.9	100.0	2,163
15	94.9	0.7	4.4	100.0	143
16	93.3	1.7	5.0	100.0	143
17	76.3	4.6	19.1	100.0	173
18	67.5	4.4	28.2	100.0	207
19	54.5	7.2	38.3	100.0	248
20	28.2	13.2	58.6	100.0	221
21–22	26.1	17.4	56.6	100.0	510
23–24	14.5	26.0	59.4	100.0	518
Men Aged 15-24					
Total (15–24)	29.0	1.1	69.9	100.0	631
15	94.1	0.0	5.9	100.0	53
16	75.0	0.0	25.0	100.0	47
17	57.2	0.0	42.8	100.0	55
18	37.8	0.0	62.2	100.0	71
19	28.2	0.0	71.8	100.0	83
20	12.9	0.0	87.1	100.0	55
21–22	6.2	2.7	91.0	100.0	128
23–24	4.2	2.3	93.5	100.0	139

TABLE 15.1.2
Reported Sexual Experience of Young Adult Women and Men 15–24 Years of Age
by Marital Status at Time of First Sexual Experience by Residence
Reproductive Health Survey: Romania, 1999

<u>Current Age & 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>Women Aged 15-24</u>					
<u>All Women</u>					
15–19	74.3	4.3	21.5	100.0	924
20–24	22.3	19.7	58.0	100.0	1239
Total	46.6	12.5	40.9	100.0	2,163
<u>Urban</u>					
15–19	75.1	2.3	22.6	100.0	517
20–24	23.7	11.0	65.3	100.0	651
Total	48.3	6.8	44.9	100.0	1,668
<u>Rural</u>					
15–19	72.9	7.1	20.0	100.0	407
20–24	20.5	31.5	48.0	100.0	588
Total	44.2	20.5	35.3	100.0	995
<u>Men Aged 15-24</u>					
<u>All Men</u>					
15–19	54.6	0.0	45.4	100.0	311
20–24	6.7	2.1	91.2	100.0	320
Total	29.0	1.1	69.9	100.0	631
<u>Urban</u>					
15–19	54.7	0.0	45.4	100.0	194
20–24	7.0	1.0	92.1	100.0	180
Total	30.1	0.5	69.4	100.0	374
<u>Rural</u>					
15–19	54.6	0.0	45.5	100.0	117
20–24	6.4	3.4	90.1	100.0	140
Total	27.6	1.9	70.5	100.0	257

sexually experienced women aged 15-19 were not married when they first had sex, compared with 75% of women aged 20-24. By contrast, almost half (45%) of 15-19-year-old men and over 90% of 20-24-year-old men were sexually experienced; virtually all young men initiated sexual activity before marriage.

The overall levels of sexual experience of young men and women were not significantly different in urban and in rural areas for either 15-19- or 20-24-year-olds ([Table 15.1.2](#)). However, the level of premarital intercourse was much higher among young women in urban areas than among those in rural areas. Overall, 87% of young sexually experienced women in urban areas reported they were not married at the time of first intercourse whereas fewer than two-thirds (63%) of sexually experienced young women in rural areas reported sex before marriage. Among teenage women, 91% in urban areas (22.6% of 24.9%) reported premarital intercourse compared with 74% in rural areas (20.0% of 27.1%). Similarly, 86% of 20-24-year-old women in urban areas reported premarital intercourse compared with 60% in rural areas. There were no such differences among young men, almost all of whom, in both urban and rural areas, initiated sexual activity before marriage.

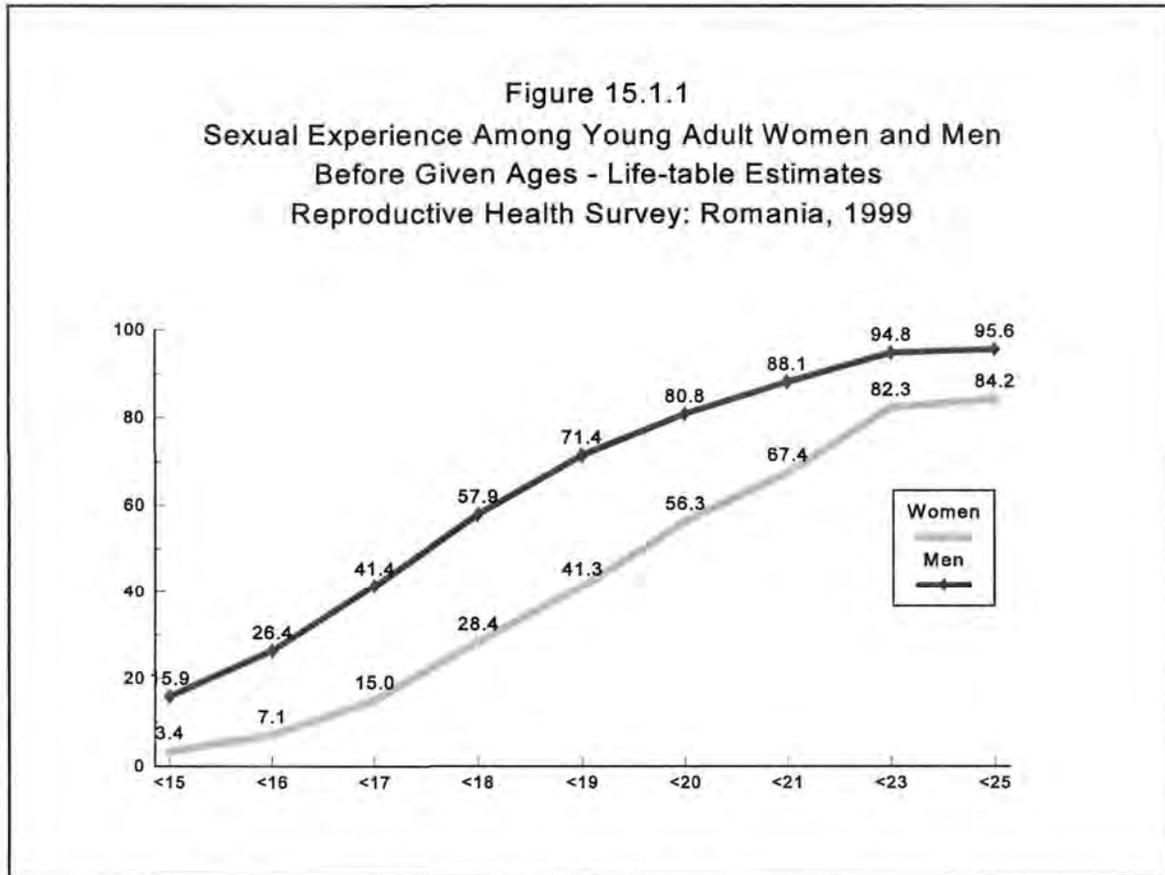
Differences in premarital sexual activity between young female urban and rural residents may have been determined, at least in part, by several contributing factors. First, women in rural areas were more likely to marry at a younger age; 15% of rural adolescents and 64% of 20-24 year olds were currently or previously in a marital relationship, compared with 7% of 15-19 year-old women and 40% of 20-24-year-olds in urban areas who have ever been married (see Chapter III). Second, young rural women were more likely to grow up in families with stronger traditional values, including stronger family ties, parental control of dating, stricter upbringing, and more emphasis on virginity at first marriage. Third, young women in rural areas were more likely to be influenced by community and religious restraints than those who grew up in urban areas. Finally, young women in rural areas were less likely to work outside the home (18% vs. 29%), which also may have contributed to less independence and control of their reproductive lives compared with urban women.

Among different age subgroups, education was a strong predictor of delayed sexual activity among young women but not among young men. The influence of education should be interpreted with caution, however, because many young adults were still in school. The effect of education was most visible among 20-24- year-old women, who have completed their teenage years and are more likely to have achieved a secondary education ([Table 15.1.3](#)). Women aged 20-24 with 12 or more years of education (high school complete or more) were much more likely not to have had sex than their peers with less education (30% vs. 12%). Similarly, for 18-19-year-old girls, the higher level of education they had, the more likely they were to be virgins (data not shown).

TABLE 15.1.3A
Reported Sexual Experience of Young Adult Women 15–24 Years of Age
by Marital Status at Time of First Sexual Experience by Education
Reproductive Health Survey: Romania, 1999

<u>Current Age & 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>					
15–17	87.1	2.4	10.5	100.0	465
18–19	59.9	6.2	33.9	100.0	459
20–24	22.3	19.7	58.0	100.0	1239
Total	46.6	12.5	40.9	100.0	2,163
<u>Primary Education</u>					
15–17	83.7	6.4	9.9	100.0	160
18–19	26.4	29.3	44.3	100.0	80
20–24	12.2	37.2	50.6	100.0	265
Total	41.1	24.5	34.4	100.0	345
<u>Some High School</u>					
15–17	88.8	0.4	10.9	100.0	304
18–19	63.1	4.2	32.7	100.0	188
20–24	12.0	28.3	59.6	100.0	297
Total	58.7	10.0	31.4	100.0	485
<u>High School Complete or More</u>					
15–17	*	*	*	100.0	1
18–19	66.7	1.4	31.9	100.0	191
20–24	29.5	10.6	59.9	100.0	677
Total	38.6	8.4	53.0	100.0	868
<u>All Men</u>					
15–19	54.6	0.0	45.4	100.0	311
20–24	6.7	2.1	91.2	100.0	320
Total	29.0	1.1	69.9	100.0	631
<u>Primary Education</u>					
15–19	59.5	0.0	40.5	100.0	257
20–24	8.3	3.8	87.9	100.0	174
Total	37.5	1.6	60.9	100.0	431
<u>Some High School</u>					
15–19	31.4	0.0	68.6	100.0	48
20–24	2.6	0.0	97.4	100.0	71
Total	13.0	0.0	87.1	100.0	119
<u>High School Complete or More</u>					
15–19	*	*	*	*	6
20–24	6.7	0.0	93.3	100.0	75
Total	6.3	0.0	93.7	100.0	81

* Fewer than 25 cases in that category.



Premarital sexual experience among sexually experienced young adults, however, increased directly with education attendance; of those sexually experienced young women with a primary education, 58% had sex before marriage, increasing to 76% of those women with some high school, and to 86% of those with complete high school and higher levels of education.

Sexual experience was directly correlated with education among men, being most common among men with the highest levels of education. More than 35% of young men who had not been educated beyond primary school had no sexual experience, compared with 13% of young men with some secondary education and fewer than 7% of men with 12 years of education or more. Since most sexual activity among young men was initiated outside marriage, there was no significant gradient of premarital intercourse by education.

Generally, the onset of intercourse is rather late among young women in Romania ([Table 15.1.4](#) and [Figure 15.1.1](#)). Overall, the proportion who initiate sexual activity before age 16 is low (7%) and increases to 28% among women less than 18 years of age and to 56% before age 20. Among young men sexual activity is initiated much earlier. Before age 16 about one-fourth are sexually experienced, increasing to more than half (57%) before age 18 and to four of five (80%) young men before age 20.

TABLE 15.1.4
Life Table Estimates of Age at First Sexual Experience Among Young Adults
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristics</u>	<u>Age At First Intercourse</u>			<u>No. of Cases</u>
	<u><16</u>	<u><18</u>	<u><20</u>	
	<u>Women Aged 15-24</u>			
Total	7.1	28.4	56.3	2,163
<u>Residence</u>				
Urban	5.8	25.4	55.8	1,668
Rural	8.9	32.6	57.0	995
<u>Education Level</u>				
Primary School	21.7	53.8	74.8	505
Some High School	5.3	32.0	62.2	789
High School Complete or More	1.6	16.0	46.5	869
<u>Socio-Economic Status</u>				
Low	13.7	38.7	61.1	824
Middle	4.2	24.0	54.2	896
High	2.4	20.8	53.0	443
	<u>Men Aged 15-24</u>			
Total	26.7	57.2	80.5	631
<u>Residence</u>				
Urban	26.6	59.3	82.4	374
Rural	26.8	54.7	78.2	257
<u>Education Level</u>				
Primary School	27.3	56.1	77.0	431
Some High School	31.1	66.2	86.4	119
High School Complete or More	17.5	49.2	82.8	81
<u>Socio-Economic Status</u>				
Low	22.5	47.1	73.3	162
Middle	27.2	58.8	81.4	292
High	29.9	64.4	86.0	443

Proportions of young women who had intercourse before ages 16 and 18 were slightly higher among those in rural areas (9% and 32%) than among urban residents (6% and 25%), but these

differences were negligible among young men. Women with complete high school education or a higher level of education were the least likely to have had sex before any given age. Only 2% and 16%, respectively, had intercourse before ages 16 and 18. The probability of sexual intercourse before these ages was highest for women with fewer than nine years of schooling (22% and 53%). Among young men, the data were less clear because of a smaller number of cases; it appears that, although fewer young men in the two lower education groups were sexually experienced, those who were sexually experienced initiated sexual activity at an earlier age. These findings have important implications for sex education efforts, which routinely target high-school students. If all young adults are to be taught about using contraception before they initiate sexual activity, age-appropriate sex education programs need to begin before high school.

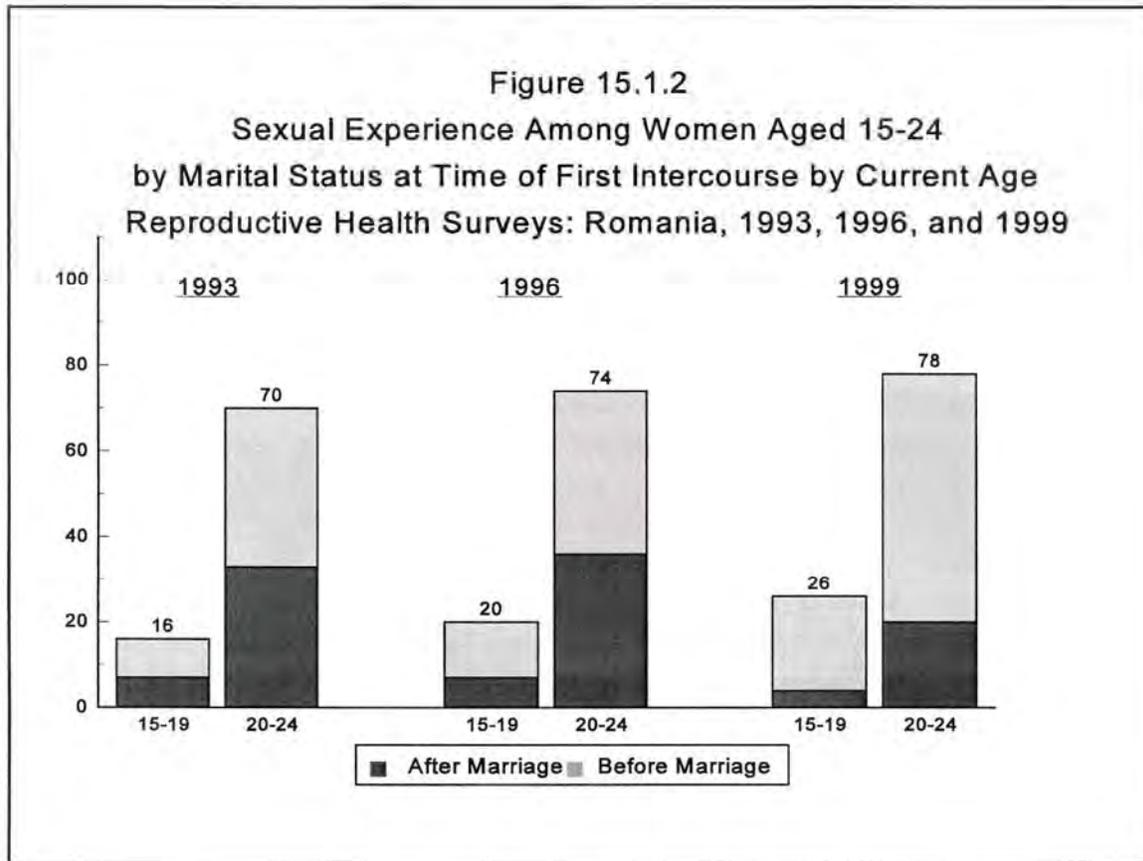
The patterns of first intercourse also differed by socio-economic status. Young women of low SES were more likely to be sexually experienced before age 16 (14%) and 18 (38%) than women of middle or high status (4% and 24%, and 2% and 21%, respectively). However, the socio-economic differences are likely to reflect, in part, differences in education, as less well educated women are more likely to be poor. Conversely, young men were less likely to be sexually experienced if they were of low SES; 23% before age 16 and 47% before age 18, compared with 30% and 64%, respectively, among young men of high SES.

One of the objectives of 99RRHS was to examine the current levels and recent trends in sexual behavior, pregnancy experience and contraceptive use among young adults. Findings from the 93RRHS and 96YARHS allowed an examination of the trends. Data from all three surveys showed that initiation of sexual activity for young women took place fairly late; in 1999, about one fourth of female adolescents had ever had sexual intercourse. However, the proportion of 15-19-year-old women who reported sexual intercourse in 1999 increased by 62% compared with 1993 (26% vs. 16%) ([Table 15.1.5](#) and [Figure 15.1.2](#)). The increase in the level of sexual experience among 20-24-year-old women, from 70% to 78%, was less dramatic. Similarly, sexual experience among young men had changed little between 1996 and 1999: the proportion of 15-19-year-olds who reported sexual experience increased by 10% (from 41% to 45%) and there was no change among 20-24-year-old men (93%).

In all three surveys most sexually experienced women reported that first intercourse was premarital. However, in 1993 and 1996 only slightly more than half of women reporting sexual experience had premarital sexual intercourse. In 1999, more than three of four sexually experienced women had premarital sexual intercourse. In all three surveys, adolescents were more likely to report premarital sex than 20-24-year-olds. However, the increase in premarital initiation of sexual intercourse was substantial and parallel among both 15-19- and 20-24-year-olds in 1999 compared with previous years. The proportions of adolescent women who initiated sexual activity before marriage was much higher in 1999 than in previous years: 83% of sexually experienced women aged 15-19 were not married when they first had sex, compared with 64% in 1996 and 57% in 1993.

TABLE 15.1.5
Reported Sexual Experience of Young Adults 15–24 Years of Age
by Gender by Marital Status at Time of First Sexual Experience
Reproductive Health Survey: Romania, 1993, 1996 and 1999

Women 15–24					
<u>Current Age</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>93RRHS</u>					
15–19	83.8	7.0	9.2	100.0	745
20–24	30.2	32.7	37.1	100.0	896
Total	58.8	19.0	22.2	100.0	1,641
<u>96YARHS</u>					
15–19	79.8	7.3	12.9	100.0	1,239
20–24	26.3	36.1	37.6	100.0	786
Total	53.8	21.3	24.9	100.0	2,025
<u>99RRHS</u>					
15–19	74.3	4.3	21.5	100.0	924
20–24	22.3	19.7	58.0	100.0	1,239
Total	46.6	12.5	40.9	100.0	2,163
Men 15–24					
<u>Current Age</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>96YARHS</u>					
15–19	58.7	0.2	41.1	100.0	1,322
20–24	7.0	1.4	91.6	100.0	725
Total	33.6	0.8	65.6	100.0	2,047
<u>99RRHS</u>					
15–19	54.6	0.0	45.4	100.0	311
20–24	6.7	2.1	91.2	100.0	320
Total	29.0	1.1	69.9	100.0	631



Similarly, premarital intercourse among sexually experienced 20-24-year-olds increased from 53% in 1993 to 75% in 1999. The very high proportion of young men who initiated sex before marriage remained unchanged between 1996 and 1999 (>95%).

Compared with the 1993 and 1996 surveys, in 1999 the proportion of sexually experienced young women whose first intercourse was premarital increased substantially among 15-19-year-olds in urban areas (from 67% in 1993, to 80% in 1996 to 91% in 1999) and almost doubled among adolescents in rural areas (from 43%-48% to 74%) (data not shown).

15.2 Current Sexual Activity

Information about current sexual activity is crucial in estimating the proportion of women who are at risk of having an unintended pregnancy and therefore in need of contraceptive services. For both men and women it also has major implications in the selection of a contraceptive method that best suits the reproductive behavior and fertility preferences of each individual.

[Table 15.2.1](#) shows the overall sexual activity status among young adults. Overall, only 42%

TABLE 15.2.1
Sexual Activity Status Among Young Adults by Marital Status and by Age
Reproductive Health Survey: Romania, 1999
(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 and Never Married</u>	<u>15-19</u>	<u>20-24</u>
Women 15-24					
Never Had Intercourse	46.6	0.0	65.4	74.3	22.3
Ever Had Intercourse	48.6	84.0	34.3	23.4	70.9
• Within the Last Month	35.9	76.1	19.7	16.7	52.9
• 1-3 Months Ago	6.4	6.4	6.4	3.3	9.1
• Over 3 Months Ago but Within Last Year	4.1	1.2	5.2	2.6	5.4
• One Year or Longer	2.0	0.3	2.7	0.7	3.2
• One Month or Longer/Unknown Interval	0.2	0.0	0.3	0.1	0.3
Currently Pregnant or Postpartum	4.8	16.0	0.2	2.5	6.9
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	2,163	780	1,383	924	1,239
Men 15-24					
Never Had Intercourse	29.0	0.0	32.1	54.6	6.7
Ever Had Intercourse	70.9	100.0	68.0	45.4	93.3
• Within the Last Month	36.5	91.6	30.6	11.6	58.3
• 1-3 Months Ago	20.5	8.4	21.9	17.9	22.8
• Over 3 Months Ago but Within Last Year	8.9	0.0	9.9	10.0	8.0
• One Year or Longer	4.0	0.0	4.5	4.3	3.8
• One Month or Longer/Unknown Interval	1.0	0.0	1.1	1.6	0.4
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	631	77	554	311	320

of all young women had intercourse within the past three months (i.e., defined as currently sexually active), including 36% who had intercourse within the past 30 days. As expected, women who were in legal or consensual unions were much more likely to be currently sexually active than

noncohabitating young women (83% vs. 26%). However, after excluding young women with no sexual experience, the level of sexual activity during the past 3 months among noncohabitating youths was comparable to that among young women who were married or in union (75%). About one in seven young women in union were either pregnant or in the postpartum period whereas almost none of those not currently married reported being pregnant or postpartum. Few adolescent women reported current sexual activity. Only 20% of teenaged females reported having had sex within the previous 3 months. By comparison, 62% of 20-24-year-old females were currently sexually active. Among sexually experienced young women, however, age differences in reports of current sexual activity narrowed substantially: 78% of sexually experienced adolescents and 80% of sexually experienced 20-24-year-olds were currently sexually active.

A greater proportion of young men (57%) were currently sexually active. All young men in legal or consensual unions were sexually active, as are more than half (53%) of noncohabitating men. Compared with young women, a greater proportion of young men, both 15-19- and 20-24-year-olds, reported that they were currently sexually active (30% and 81%, respectively). As is the case with women, among sexually experienced young adults age differences in reports of current sexual activity also narrowed substantially among young men: 77% of sexually experienced adolescents compared with 87% of sexually experienced 20-24-year-olds were currently sexually active.

Similar to the 96YARHS, all sexually experienced respondents were asked how many sexual partners they had in the three months preceding the interview and the number of lifetime partners. Overall, most sexually experienced respondents (98% of women and 81% of men) had only one sexual partner or no partner in the three months before the interview ([Table 15.2.2](#)). Few of them (13% of women and 18% of men) had no current sexual relationship. Very few women (2%) but almost one in five men reported two or more sexual partners within the preceding 3 months. The data did not allow to differentiate whether they had concurrent partners or had switched partners.

Almost all young adults of both genders who were married or living with a partner reportedly were monogamous (96%). Conversely, those in noncohabitating relationships, particularly males, were more likely to report multiple sexual partners in the 3 months preceding the survey compared with young adults currently married or in consensual unions (4% vs. 1% among females and 21% vs. 4% among males).

On average, young females also had fewer lifetime sexual partners than young males. Among young adults who have ever had sex, 34% of women and 86% of men reported two or more lifetime partners. Two of three sexually experienced women reported only one lifetime sexual partner while most other women said they had two or three partners. Only 7% reported four or more partners. By contrast, only 14% of sexually experienced young men reported one lifetime partner, most (62%) reported four or more partners. Not shown in the table is that 27% of young men reported 10 or more lifetime partners. Married women and those living in consensual unions were

TABLE 15.2.2
Percent Distribution of Sexually Experienced Young Adult Women and Men
by the Number of Sexual Partners During the Past Three Months and Lifetime
by Marital Status
Reproductive Health Survey: Romania, 1999

<u>No. of Sexual Partners</u>	<u>Women</u>			<u>Men</u>		
	<u>Total</u>	<u>Married/ in Union</u>	<u>Previously & Never Married</u>	<u>Total</u>	<u>Married/ in Union</u>	<u>Previously & Never Married</u>
<u>Within the Past 3 Months</u>						
None	13.2	3.7	24.3	18.2	0.0	21.2
One	84.6	95.6	71.7	62.9	95.6	57.7
Two	1.4	0.2	2.8	8.1	4.4	8.7
Three or More	0.8	0.4	1.2	9.4	0.0	10.9
Refused to Answer	0.0	0.1	0.0	1.4	0.0	1.6
Total	100.0	100.0	100.0	100.0	100.0	100.0
<u>Lifetime</u>						
One	66.2	77.3	53.2	13.9	16.2	13.5
Two	18.1	14.0	22.9	10.4	10.4	10.5
Three	8.1	5.3	11.3	12.8	10.4	13.2
Four or More	7.0	3.2	11.2	62.3	59.0	62.9
Refused to Answer	0.7	0.1	1.4	0.5	4.0	0.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	1,263	780	483	450	77	373

less likely than those in noncohabiting relationships (33% vs. 47%) to report more than one lifetime partner. Among sexually experienced men, however, there was no significant difference in the number of lifetime partners by marital status.

15.3 Contraceptive Use at First Sexual Intercourse

Contraceptive behavior at first sexual intercourse is an important indicator of the risks of unintended pregnancy and sexually transmitted infections. Several studies have shown that the risk of pregnancy among young women is highest in the few months after the first coitus.

TABLE 15.3.1
Contraceptive Use at First Sexual Intercourse Among Sexually Experienced Young Adults
by Marital Status at First Sexual Intercourse
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

		<u>Women Aged 15-24</u>	
		<u>Marital Status at First Intercourse</u>	
<u>Use of Contraception</u>	<u>Total</u>	<u>Married & in Union</u>	<u>Not Married</u>
<u>Any Method</u>	<u>50.6</u>	<u>27.2</u>	<u>57.6</u>
<u>Modern Methods</u>	<u>23.3</u>	<u>7.4</u>	<u>28.0</u>
Condom	21.5	6.0	26.1
Other	1.8	1.4	1.9
<u>Traditional Methods</u>	<u>27.3</u>	<u>19.8</u>	<u>29.6</u>
Withdrawal	24.2	17.8	26.1
Calendar (Rhythm Method)	3.1	2.0	3.5
<u>No Method</u>	<u>49.4</u>	<u>72.8</u>	<u>42.4</u>
<u>Total</u>	100.0	100.0	100.0
<u>No. of Cases</u>	1,263	326	937
		<u>Men Aged 15-24</u>	
		<u>Marital Status at First Intercourse</u>	
<u>Use of Contraception</u>	<u>Total</u>	<u>Married & in Union</u>	<u>Not Married</u>
<u>Any Method</u>	<u>63.9</u>	<u>*</u>	<u>64.1</u>
<u>Modern Methods</u>	<u>39.9</u>	<u>*</u>	<u>40.2</u>
Condom	38.5	*	38.9
Pill	1.4	*	1.3
<u>Traditional Methods</u>	<u>24.0</u>	<u>*</u>	<u>24.0</u>
Withdrawal	21.9	*	21.9
Calendar (Rhythm Method)	2.1	*	2.1
<u>No Method</u>	<u>36.1</u>	<u>*</u>	<u>35.9</u>
<u>Total</u>	100.0	*	100.0
<u>No. of Cases</u>	450	8	442

* Fewer than 25 cases in this category.

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. About 50% of sexually experienced young women reported the use of some form of contraception the first time they had intercourse; withdrawal (24%) followed closely by condoms (22%) were by far the methods most often used, accounting for 90% of use ([Table 15.3.1](#)). Not only did a greater proportion of young men (64%) use some form of contraception at first intercourse, but the percentage who used a more effective method was higher than that of young women. Although 22% of young men used withdrawal as a method, 39% used a condom.

The likelihood of using a method was much lower among women whose first intercourse was marital (27%) than among sexually experienced young women who reported premarital intercourse (58%). The contraceptive method mix at first intercourse was also related to marital status at first intercourse. Although women whose first intercourse was marital reported much higher usage of withdrawal than condoms (18% vs. 6%), women whose first intercourse was premarital reported equal use of either withdrawal or condoms at first intercourse (26%). Notably, the proportion of condom users was more than four times higher among women who were not married at first intercourse (26% vs. 6%).

Contraceptive use at first intercourse also varied by residence ([Table 15.3.2](#)). Overall, contraceptive use by young women in urban areas was higher than for women in rural areas, independent of marital status at first intercourse (32% vs. 25% and 63% vs. 48% for married and unmarried women, respectively). Also, use of modern methods was higher in urban than in rural areas (11% vs. 6% and 34% vs. 17% for married and unmarried women, respectively). With the exception of young urban women whose first intercourse was premarital, the use of traditional methods prevailed over the use of modern methods. The use of modern methods, mostly condoms, as a proportion of total contraceptive use was significantly higher (34%, corresponding to 54% of total contraceptors) among unmarried urban women than among married women in urban areas and rural women. The pattern was somewhat different among young men. Although overall use at first intercourse for unmarried men (64%) did not differ between urban and rural areas, the method mix did differ. As was the case for women, use of traditional methods at first intercourse was higher in rural than in urban areas. Of all urban young men who used a method at first intercourse more than 70% used a modern method, compared with only half of all rural men who used a method.

TABLE 15.3.2
Contraceptive Use at First Sexual Intercourse Among Sexually Experienced Young Adults
by Marital Status at First Sexual Intercourse by Residence
Reproductive Health Survey: Romania, 1999

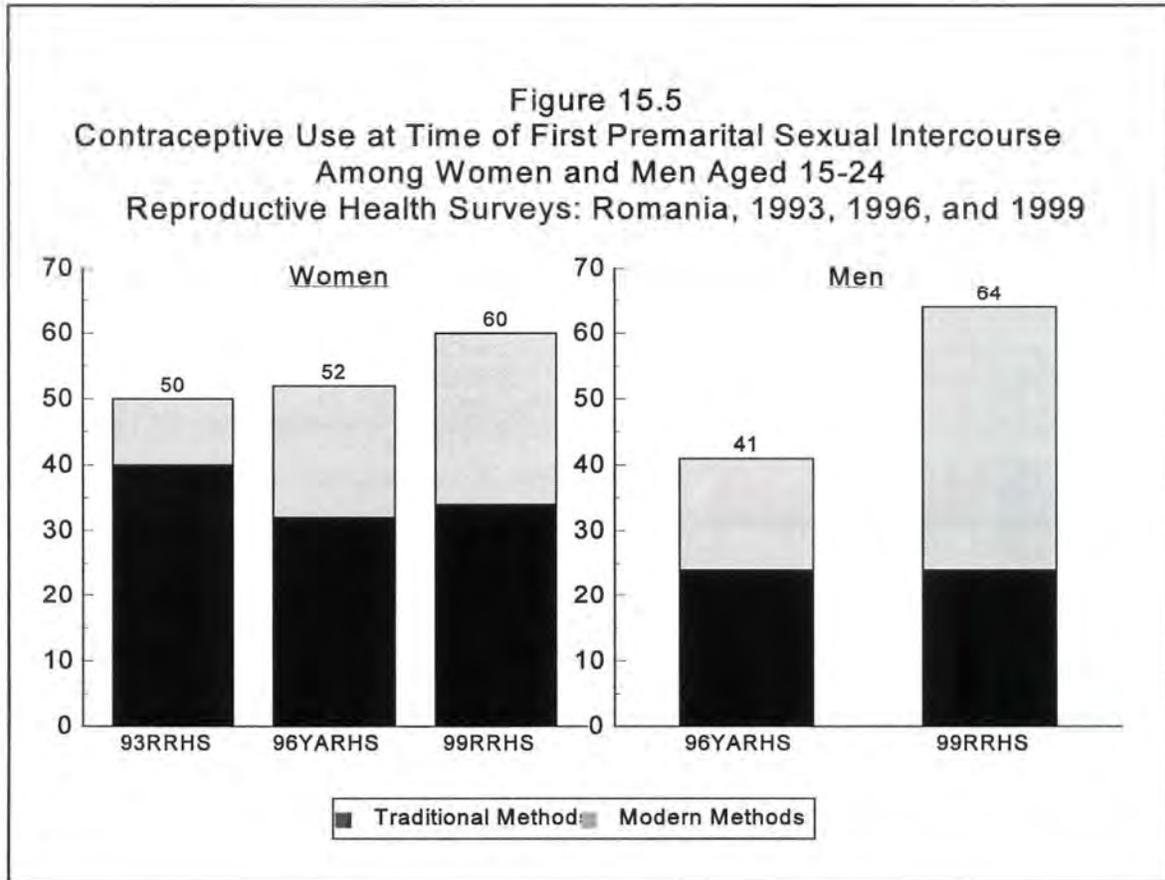
		<u>Women Aged 15-24</u>			
<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status at First Intercourse</u>			
		<u>Married & in Union</u>		<u>Not Married</u>	
		<u>Urban</u>	<u>Rural</u>	<u>Urban</u>	<u>Rural</u>
<u>Any Method</u>	<u>50.6</u>	<u>31.8</u>	<u>25.1</u>	<u>63.2</u>	<u>47.6</u>
<u>Modern Methods</u>	<u>23.3</u>	10.7	<u>5.9</u>	<u>34.0</u>	<u>17.3</u>
Condom	21.5	7.2	5.5	31.9	15.7
Other	1.8	3.5	0.4	2.1	1.6
<u>Traditional Methods</u>	<u>27.3</u>	<u>21.1</u>	<u>19.2</u>	<u>29.2</u>	<u>30.3</u>
Withdrawal	24.2	17.0	18.2	25.0	28.1
Calendar (Rhythm Method)	3.1	4.1	1.0	4.2	2.2
<u>Not Currently Using</u>	<u>49.4</u>	<u>68.2</u>	<u>75.0</u>	<u>36.8</u>	<u>52.4</u>
Total	100.0	100.0	100.0	100.0	100.0
No. of Cases	1,263	87	239	554	383
		<u>Men Aged 15-24</u>			
<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status at First Intercourse</u>			
		<u>Married & in Union</u>		<u>Not Married</u>	
		<u>Urban</u>	<u>Rural</u>	<u>Urban</u>	<u>Rural</u>
<u>Any Method</u>	<u>63.9</u>	*	*	<u>64.0</u>	<u>64.3</u>
<u>Modern Methods</u>	<u>39.9</u>	*	*	<u>45.8</u>	<u>32.8</u>
Condom	38.5	*	*	45.0	30.8
Other	1.4	*	*	0.8	2.0
<u>Traditional Methods</u>	<u>24.0</u>	*	*	<u>18.3</u>	<u>31.4</u>
Withdrawal	21.9	*	*	15.7	30.0
Calendar (Rhythm Method)	2.1	*	*	2.6	1.4
<u>Not Currently Using</u>	<u>36.1</u>	*	*	<u>36.0</u>	<u>35.7</u>
Total	100.0	*	*	100.0	100.0
No. of Cases	450	0	8	259	183

* Fewer than 25 cases in this category.

TABLE 15.3.3
Use of Contraception at Time of First Premarital Sexual Intercourse
Among Women and Men 15–24 Years of Age
Reproductive Health Surveys: Romania, 1993, 1996 and 1999
(Percent Distribution)

<u>Contraceptive Method</u>	93RRHS	96YARHS		99RRHS	
	<u>Women</u>	<u>Women</u>	<u>Men</u>	<u>Women</u>	<u>Men</u>
Any Method	25.5	39.0	34.5	57.6	64.1
<u>Modern Methods</u>	<u>4.8</u>	<u>15.0</u>	<u>17.1</u>	<u>28.0</u>	<u>40.1</u>
Condom	4.0	13.4	15.9	26.1	38.8
Other Modern	0.8	1.6	1.2	1.9	1.3
<u>Traditional Method</u>	<u>20.7</u>	<u>24.0</u>	<u>24.0</u>	<u>29.6</u>	<u>24.0</u>
Withdrawal	17.4	20.8	15.2	26.1	21.9
Calendar	3.3	3.2	2.2	3.5	2.1
No Method	74.5	61.0	65.5	42.4	35.9
Total	100.0	100.0	100.0	100.0	100.0
<u>% of All Users Using a Modern Method</u>	19	39	49	49	63
<u>Unweighted No. of Cases</u>	431	425	1,208	937	442

As shown in [Table 15.3.3](#) and [Figure 15.3](#), contraceptive prevalence at first premarital intercourse among young women, that increased by 50% between 1993 and 1996 (from 26% to 39%), continued an upward trend reaching 58% in 1999; almost all the increase in use was the result of the increased use of condoms, whose prevalence more than tripled between 1993 and 1999 (from 4% to 13%) and doubled between 1996 and 1999 (from 13% to 26%). Although the use of withdrawal, the leading method at first intercourse in both previous surveys, had increased by 50% since 1993, in 1999 it was equal to condom use (26%). If the first sexual intercourse was marital ([Table 15.3.4](#)), much fewer women reported use of contraception, mainly withdrawal, in all three surveys. The levels of use remained basically unchanged between 1993 and 1996 (14%—15%) but



almost doubled in 1999 (27%). Although the prevalence of modern methods paralleled the increase in traditional method use (from 3% to 7%), most of the increase in 1999 was the result of a higher prevalence of traditional methods, which increased from 11% to 20%, accounting for 75% of use at first intercourse.

Among young men the increase between 1996 and 1999 was equally dramatic ([Table 15.3.3](#) and [Figure 15.3](#)). Overall contraceptive use at first intercourse almost doubled from 35% to 64%, whereas condom use was almost 2.5 times greater (39% vs. 16%) in 1999 than in 1996. As with women, the use of withdrawal by men increased moderately between the two surveys, but, unlike women, the use of modern methods was much higher among men than the use of traditional methods.

TABLE 15.3.4
Use of Contraception at Time of First Sexual Intercourse
Among Women 15–24 Years of Age Whose First Sexual Intercourse Was Marital
Reproductive Health Surveys: Romania, 1993, 1996 and 1999
(Percent Distribution)

<u>Contraceptive Method</u>	<u>93RRHS</u>	<u>96YARHS</u>	<u>99RRHS</u>
<u>Any Method</u>	<u>15.2</u>	<u>13.6</u>	<u>27.2</u>
Modern Methods	<u>2.7</u>	<u>2.7</u>	<u>7.4</u>
Condom	2.3	1.7	6.0
Other Modern	0.4	1.0	1.4
Traditional Method	<u>12.5</u>	<u>10.9</u>	<u>19.8</u>
Withdrawal	10.9	10.2	17.8
Calendar	1.6	0.7	2.0
No Method	84.8	86.4	72.8
<u>Total</u>	100.0	100.0	100.0
<u>% of All Users Using a Modern Method</u>	19	20	27
<u>Unweighted No. of Cases</u>	387	363	326

15.4 Reasons for Not Using Contraception At the Time of First Sexual Intercourse

As shown in [Table 15.4.1](#), among young women who had not used contraception at first intercourse, the most common reasons for not using a method were not thinking about contraception (31%), followed closely by unexpected sexual intercourse (20%), and a personal desire to get pregnant (14%). Lack of knowledge about contraception was mentioned by 13%, whereas personal or partner opposition to contraceptive methods was mentioned by only 10% and 2%, respectively. Other reasons, including perceived safe time of the month and the cost associated with contraceptive methods, played minor roles in the decision not to use contraception (3%).

Reasons for not using contraception were strongly affected by marital status. [Table 15.4.1](#) shows that, among women whose first intercourse was marital, the desire for pregnancy played a much larger role in their decision not to use contraception compared with those who had premarital

TABLE 15.4.1
Most Commonly Cited Reasons for Not Using Contraception at First Sexual Intercourse
Among Sexually Experienced Young Women by Marital Status at First Sexual Intercourse
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Main Reason for Not Using Contraception</u>	<u>Total</u>	<u>Marital Status at First Intercourse</u>	
		<u>Married & in Union</u>	<u>Not Married</u>
She Did Not Think About Using a Method	30.9	28.3	32.3
Sexual Intercourse Was Unexpected	20.1	2.2	30.3
She Wanted to Get Pregnant	14.0	30.4	4.7
She Did Not Know About Contraception	13.0	12.4	13.3
She Did Not Want to Use Contraception	10.1	14.6	7.4
Partner Did Not Want to Use Contraception	2.0	1.8	2.1
Sex Was Safe According to the Calendar	0.7	0.0	1.1
Other	2.2	2.2	2.3
Does Not Know	7.0	8.0	6.5
Total	100.0	100.0	100.0
Unweighted No. of Cases	625	231	394

intercourse (30% vs. 5%). For women who had premarital intercourse, the leading reasons were not thinking about contraception (32%) and unexpected sexual intercourse (30%).

Among all young women with sexual experience, the main reason not to use contraception was also influenced by their age at first sexual intercourse ([Table 15.4.2A](#)). Unexpected sexual intercourse was a more common reason for women with premarital intercourse between 18 and 24 years of age. Personal desire to get pregnant increased somewhat with age at first intercourse; the proportion of women who gave this reason increased from 28% among those with sexual experience before age 18 to 33% among those whose first intercourse was between 18 and 24 years of age. Lack of knowledge about contraception was inversely correlated with age at first sex, regardless of marital status at first intercourse.

Among young men, almost all of whose first sexual experience was premarital, the pattern was similar to women whose first sexual experience was premarital ([Table 15.4.2B](#)). The major reasons for not using contraception at first intercourse were not thinking about contraception and

TABLE 15.4.2A
Most Commonly Cited Reasons for Not Using Contraception at First Sexual Intercourse
Among Sexually Experienced Young Women by Age at First Sexual Intercourse
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Main Reason for Not Using Contraception</u>	<u>Total</u>	<u>Marital</u> <u>First Intercourse</u>			<u>Premarital</u> <u>First Intercourse</u>		
		<u>Age at First Intercourse</u>			<u>Age at First Intercourse</u>		
		<u>Total</u>	<u><18</u>	<u>18-24</u>	<u>Total</u>	<u><18</u>	<u>18-24</u>
She Did Not Think About Using a Method	30.9	28.3	27.2	29.4	32.3	32.4	32.3
Sexual Intercourse Was Unexpected	20.1	2.2	2.4	2.1	30.3	21.3	40.4
She Wanted to Get Pregnant	14.0	30.4	28.0	32.9	4.7	3.9	5.5
She Did Not Know About Contraception	13.0	12.4	17.2	7.3	13.3	18.9	7.0
She Did Not Want to Use Contraception	10.1	14.6	13.4	16.0	7.4	8.5	6.3
Partner Did Not Want to Use Contraception	2.0	1.8	0.4	3.3	2.1	3.1	1.1
Sex Was Safe According to the Calendar	0.7	0.0	0.0	0.0	1.1	0.9	1.2
Other	2.2	2.2	0.0	4.5	2.3	2.7	1.8
Does Not Know	7.0	8.0	11.3	4.5	6.5	8.4	4.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	625	231	109	122	394	210	184

unexpected intercourse (26% and 39%, respectively) followed by ignorance of contraception (18%) and personal opposition (8%). The only difference according to age at first intercourse was that the proportion of young men who did not have knowledge of contraception was significantly higher for those whose first sex was at age 17 or earlier, whereas the proportion of young men who were personally opposed to contraception at the time of their first sex was higher when their first sexual experience was after 17 years of age.

These results have important implications for the development of interventions. They make it clear that many young adults apparently are not concerned about the risk of unprotected intercourse and do not have accurate information about contraception. A significant minority of those less than 18 years of age did not know about contraception. These youths could benefit from age-appropriate comprehensive sex education programs in schools and in out-of-school environments.

TABLE 15.4.2B
Most Commonly Cited Reasons for Not Using Contraception at First Sexual Intercourse
Among Sexually Experienced Young Men by Age at First Premarital Sexual Intercourse
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>Main Reason for Not Using Contraception</u>	<u>Total</u>	<u>Age at First Intercourse</u>	
		<u><18</u>	<u>18-24</u>
He Did Not Think About Using a Method	25.7	25.1	27.3
Sexual Intercourse Was Unexpected	37.8	37.7	38.0
He Wanted Partner to Get Pregnant	1.3	0.0	5.1
He Did Not Know About Contraception	17.9	22.2	4.9
He Did Not Want to Use Contraception	8.4	6.2	15.8
Contraceptives Difficult to Get	1.6	2.1	0.0
Sex Was Safe According to the Calendar	0.9	1.2	0.0
Respondent / Partner Was Drunk at the Time	1.6	2.1	0.0
Other	1.4	1.9	0.0
Does Not Know	3.5	1.5	9.5
Total	100.0	100.0	100.0
Unweighted No. of Cases	154	115	39

15.5 Use of Contraception at Most Recent Sexual Intercourse

As shown previously, not all young women who have ever had intercourse were currently sexually active and in need of contraception. 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 sexually transmitted infections is contraceptive use at their most recent sexual intercourse. As shown in [Table 15.5](#) and [Figure 15.5](#), among sexually experienced young women, regardless of the timing of their last sexual intercourse, contraceptive prevalence on that occasion was relatively high (70%). Furthermore, contraceptive use at last intercourse was equally likely to be a modern method or a traditional method. The most prevalent method continued to be withdrawal, which was used by 31% of couples, followed by condom (19%) and the pill (12%). Among young men, the overall data were similar. Although their overall contraceptive prevalence at last intercourse was slightly lower (62%) and the modern method use

TABLE 15.5
Use of Contraception at Most Recent Sexual Intercourse by Current Marital Status
Among Sexually Experienced Young Adult Women and Men
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

Use of Contraception	Total	Marital Status	
		Currently Married & in Union	Not Currently Married
Women Aged 15-24			
Currently Using	69.7	61.8	78.7
Modern Methods	35.3	25.2	46.9
Condom	18.9	7.9	31.8
Pills	11.7	9.7	14.0
IUD	2.5	4.4	0.2
Spermicides	1.7	2.4	0.8
Female Sterilization	0.3	0.5	0.0
Other	0.2	0.3	0.1
Traditional Methods	34.4	36.6	31.8
Withdrawal	30.8	33.8	27.3
Calendar (Rhythm Method)	3.6	2.8	4.5
No Method	30.4	38.2	21.3
Total	100.0	100.0	100.0
No. of Cases	1,263	780	483
Men Aged 15-24			
Currently Using	62.3	50.4	64.0
Modern Methods	40.3	22.3	41.8
Condom	33.9	5.6	38.4
Pills	5.1	13.3	2.2
IUD	0.3	2.3	0.0
Spermicides	0.5	1.1	0.4
Female Sterilization	0.0	0.0	0.0
Other	0.5	0.0	0.6
Traditional Methods	20.9	29.3	19.8
Withdrawal	18.4	22.6	17.8
Calendar (Rhythm Method)	2.5	6.7	2.0
No Method	37.7	48.6	36.0
Total	100.0	100.0	100.0
No. of Cases	450	77	373

was slightly higher (40%) than among women, none of these differences were statistically significant.

Patterns of contraceptive use at last intercourse by women were strongly influenced by marital status. Again, contraceptive use was significantly higher among women not currently married than among those in legal or consensual marriages (79% vs. 62%). The greater use of contraceptives among unmarried women was the result of proportionally greater use of modern methods (47% vs. 25%) whereas use of traditional methods was lower (32% vs. 37%). As a result, the ratio of modern to traditional methods was much higher for unmarried women than for married women (1.5:1 and 0.75:1). Condom use was four times higher among unmarried women than among married women (32% vs. 8%), and the use of pills was almost twice as high (14% vs. 8%). The use of withdrawal among unmarried women was lower (27% vs. 34%) and use of the rhythm method was not significantly different compared to married women. The contraceptive patterns for young men were similarly influenced by marital status; a larger proportion of unmarried men reported current use of any contraceptive method, primarily because their use of condoms was six times greater than that of married men. This is probably due in part to the difference in response to HIV prevention programs between unmarried and married men.

Comparison with the previous surveys reveals several important changes in contraceptive prevalence and contraceptive method mix at the most recent sexual intercourse. Among women currently married or in consensual unions, whose contraceptive prevalence was only slightly higher in 1996 than in 1993 (53% vs. 50%), the use at last intercourse increased further to 62% ([Figure 15.5](#)). Moreover, the increase in modern method use has continued to increase, from 10% in 1993, to 20% in 1996 and to 25% in 1999, whereas the use of traditional methods has remained relatively stable (from 40% to 34% to 37%). Among young women not currently married, contraceptive prevalence went from 67% in 1996 to 79% in 1999, with most of the increase due to a substantial increase in modern methods (from 36% to 47%), particularly in condom use (from 22% to 32%) and to a much lesser extent the use of pills (from 11% to 14%).

The 93RRHS showed that low use of modern methods was associated with limited access to a full range of high-quality contraceptive supplies, providers' biases toward various modern methods, lack of counseling, and considerable misinformation and lack of knowledge about contraception. Thanks to recent efforts made by a number of international donors, the Ministry of Health, and Romanian nongovernmental organizations, both access to modern methods and delivery of adequate information about modern contraception appear to be improving. Although the contraceptive behavior of young women changed rapidly from between 1993 and 1999, with increased use of modern methods and decreased use of withdrawal, several serious constraints to widespread use of modern contraceptives still remain. These constraints must be addressed immediately to reduce the high rates of unintended pregnancy, subsequent abortions and risk of sexually transmitted infections.

CHAPTER XVI

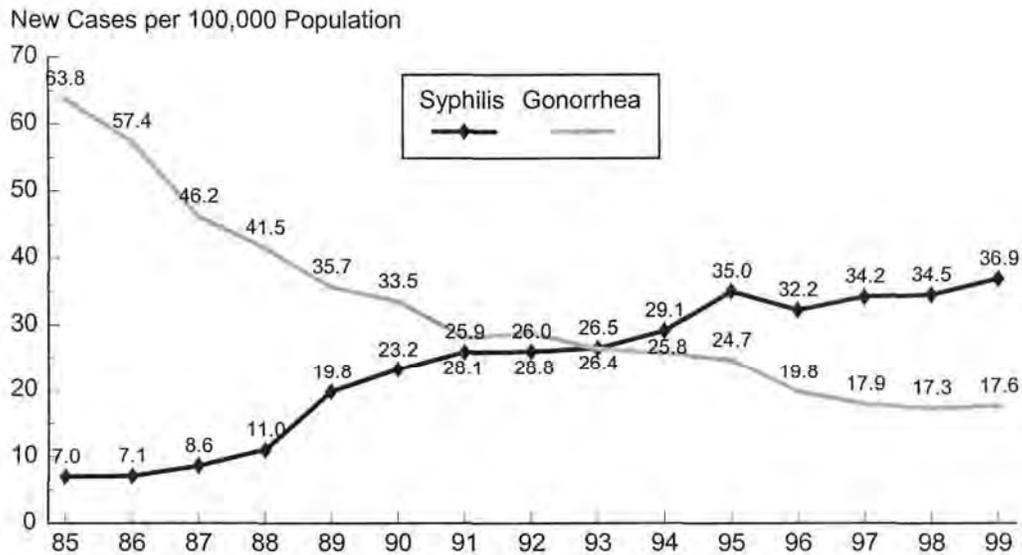
KNOWLEDGE AND EXPERIENCE OF SEXUALLY TRANSMITTED DISEASES

Worldwide, sexually transmitted diseases (STDs) continue to be a major and growing public health problem with both immediate and long term health, social and economic consequences for millions of people. From a public health perspective, several rationales make the prevention, early diagnosis and treatment of STDs a high priority: STDs particularly affect the well-being of women and men of reproductive age and their offsprings; they can result in acute illness, disability, including infertility and other long term complications, and increased risk for premature delivery for infected women who are pregnant; and several STDs have been identified to potentially facilitate the spread of HIV infection.

In most countries of Eastern Europe data on incidence and prevalence of STDs primarily come from case-notification reports (passive surveillance). Since STDs are frequently asymptomatic or their symptoms are often non-specific and episodic, infected individuals may be unaware of their infections and may not seek diagnostics and treatment making case-notification reports an inefficient proxy for the real magnitude of the STDs in a population. The statistics reported by STD surveillance reflect only patients who seek medical care and under-report those with asymptomatic STDs, those who get treatment from alternative providers, those who use self-treatment or no treatment, and those with limited access to medical care. Furthermore, not all STDs are notifiable by law and laboratory facilities are limited and often lack the ability to perform basic tests (e.g., chlamydia is diagnosed only in a few laboratories).

Recently, many former communist countries have experienced major epidemics of STDs, particularly of syphilis. Case notifications for syphilis appears to be more reliable than for other STDs (excepting HIV/AIDS), thus it is unclear what the magnitude of the other STDs may be. While in Western Europe syphilis incidence rates dropped to under 2/100,000, in several former Soviet Union countries (Russia, Belarus, Kazakhstan, Kyrgystan, Moldova, and Ukraine) the reported incidence of new cases of syphilis increased 15-30 times during 1990-1996, from under ten cases per 100,000 to levels as high as 263 new cases per 100,000 in 1996 in Russia (Thiconova L, et al., 1997, Renton AM. et. al., 1998). In Romania, the reported syphilis rate (new cases) increased modestly between 1990 and 1999, from 23/100,000 population to 37/100,000 population (Center for Health Statistics and Information, Ministry of Health, 1999), but compared to 1985, this is a five-fold increase ([Figure 16.0](#)). However, these data are largely based on passive case-notification reports and very likely underestimate the true magnitude of syphilis incidence in the country. Contrary to

Figure 16.0
Reported New Cases of Syphilis and Gonorrhoea By Year
Romania, 1999



Source: Center for Health Statistics and Information, Ministry of Health, Romania 1999

the situation in Romania's most affected neighboring countries, congenital syphilis is rare, due to a tight control of syphilis in pregnant women through active case-finding during prenatal-care. Most of the increase in syphilis rates seen between 1989-1999 coincided with the increase in international travel and migration, rapid economic changes resulting in growing income differentials, unemployment, overt prostitution, and changes in societal values and sexual mores, particularly among young adults. In addition, the political and economic transition has had a severe impact on the health infrastructure, already ill equipped to cope with the STDs epidemic.

Interestingly, the reported incidence of gonorrhoea has rapidly decreased since 1985, from 63.8 new cases per 100,000 in 1985 to 17.6/100,000 in 1999. However, rather than being a sign of tight control of the disease, the decline in the incidence of gonorrhoea is most likely the effect of deficient case notification, which further deteriorated after 1989, presumably because it is viewed (by both physicians and patients) as a less serious disease that is easier to treat and has more stigma attached to it. The increasing gap between the incidence of syphilis and gonorrhoea is probably explained by the difference in health seeking behaviors (treatment in private sector and self-treatment) rather than

a real shift in gonorrhea's epidemic. The outbreak of HIV infection in Romania—largely pediatric cases but recently adult cases as well—is another reason of growing concern. As of July 1997, the Romanian national surveillance system reported a total of 4725 AIDS cases, 4226 among children and 499 among adults (Dehne. K. et. all, 1999). Data on the HIV-infected population is not available at the national level. Surveillance data show that the number of newly-diagnosed AIDS pediatric cases is in decline (less than ten new cases per year since 1993), coinciding with recent improvements in safety of the blood supply, improvements in sterilization routines, increased use of disposable syringes, and a decrease in overuse of therapeutic injections in pediatric care, but the number of AIDS cases among adults is on the rise. Between 1995 and 1997, the cumulative number of adult cases had increased almost two-fold (from 276 to 499 cases) and at least half of these cases are attributed to heterosexual transmission (Chapter XVII).

Much of what is known about STDs in Romania has been learned from data reported to the STD surveillance system. Reporting of HIV, syphilis, and gonorrhea is mandatory by law and is based on cases registered by physicians. Romania, similar with other former communist countries, have inherited a centrally controlled STD surveillance system based mostly on case-reports. The only STD with active screening is syphilis; syphilis screening is performed among both low risk-groups (hospital patients, pregnant women, blood donors, occupational groups) and high-risk population (STD patients, contacts of STD infected individuals, prison inmates, commercial sex workers, intravenous drug users). The system is centered around a nation-wide network of clinical dermato-venerology services (ambulatory clinics and dermato-venerology hospitals and institutes). It provides free diagnosis, treatment, and partner notification but lacks confidentiality and enforces compulsory attendance, treatment (often in-patient regimens), follow-up, contact tracing and their treatment. Legislation still exists under which the STD patients are required to undergo treatment and to disclose their sexual contacts (Decree 141/1953), with the help of law enforcement authorities if necessary, but enforcement measures have declined considerably over the past decade. Although the majority of cases of syphilis are referred for treatment and contact-tracing to the dermatovenerology network, other STDs in women (gonorrhea, trichomoniasis, yeast infection, chlamydia infection) may be diagnosed and treated by Ob/Gyns and some family-planning clinics. Increasingly, owing to the lack of confidentiality and social stigma, patients with STD symptoms are seeking care in the private sector, although the private sector is still little developed in Romania. HIV surveillance is separate from that for other STDs, with diagnostics, reporting, and treatment centered around the infectious diseases clinics. Under the new health care reforms, HIV testing is voluntary (with the exception of blood donors and high risk groups in contact with health or police authorities) and is offered free of charge to some high risk groups.

In the context of the new health care reform, the government has developed a new STD policy which includes primary prevention activities (virtually non-existent prior to 1990). The new Public Health Law adopted in 1997 (Law 100/1997, MOH), decrees that the newly created MOH Department of Preventive Medicine (DPM of MOH) is in charge with developing a national health

promotion strategy (Article 33) but perpetuates separate policies and programs on HIV/AIDS and other STDs (Article 15). Recently DPM has issued an ordinance for financial and structural reforms regarding the national health promotion efforts (Ordinance 189/March 26, 1999), including separate policies for prevention of HIV/AIDS (Health Program No. 4), other STDs (Health Program No. 5), and general health education (Health Program No. 26). The government program on STD prevention should make more programmatic effort in educating the general public about the threat of STDs, including HIV/AIDS, including dissemination of information on means of transmission, promotion of safer sex and risk reduction practices. However, it is also critical that information does not convey needless threats to those with a very low risk of becoming infected.

In order to effectively target these educational efforts, it is important to periodically examine STD knowledge among various population groups and define population subgroups in greater need of primary prevention messages, to identify factors that influence correct knowledge, and to better understand misconceptions surrounding HIV transmission. The 99RRHS included a module designed to assess respondents' level of awareness of most common STDs, their exposure to STD testing, their self-reported lifetime prevalence, their source of information about STDs, their level and accuracy of knowledge about HIV transmission and prevention of HIV infection, and their self-perceived risk of HIV infection.

16.1 Awareness of AIDS and Other STDs

All female respondents were asked if they had ever heard of eight specific STDs ([Table 16.1.1A](#)) whereas male respondents were asked only about STDs common in men (see [Table 16.1.1B](#)); those who have heard of specific STDs were asked if they have ever been tested; respondents who have been tested were asked if they have been told they have tested positive and those with positive testing if and where they received treatment.

Survey findings showed that awareness of HIV/AIDS is very high in Romania—most likely because the AIDS epidemic among children has received ample national and international media coverage—but the ability to identify some other STDs is limited. As shown in [Tables 16.1.1A](#) and [16.1.1B](#) and [Figure 16.1.1](#), virtually all women and men said they were aware of AIDS (99.5%) and syphilis (94%-97%), but fewer were aware of other common STDs. While male respondents were almost always aware of gonorrhea (91%), female respondents demonstrated only moderate levels of awareness (62%). Trichomonas was known by only one in two women (54%) and one in six men (18%); only one in three women (34%) have heard of chlamydia, one in five have recognized that genital warts are transmitted sexually and 11% have heard of genital herpes. Similarly, less than one in two men (46%) have heard of genital herpes and 27% are aware of genital warts.

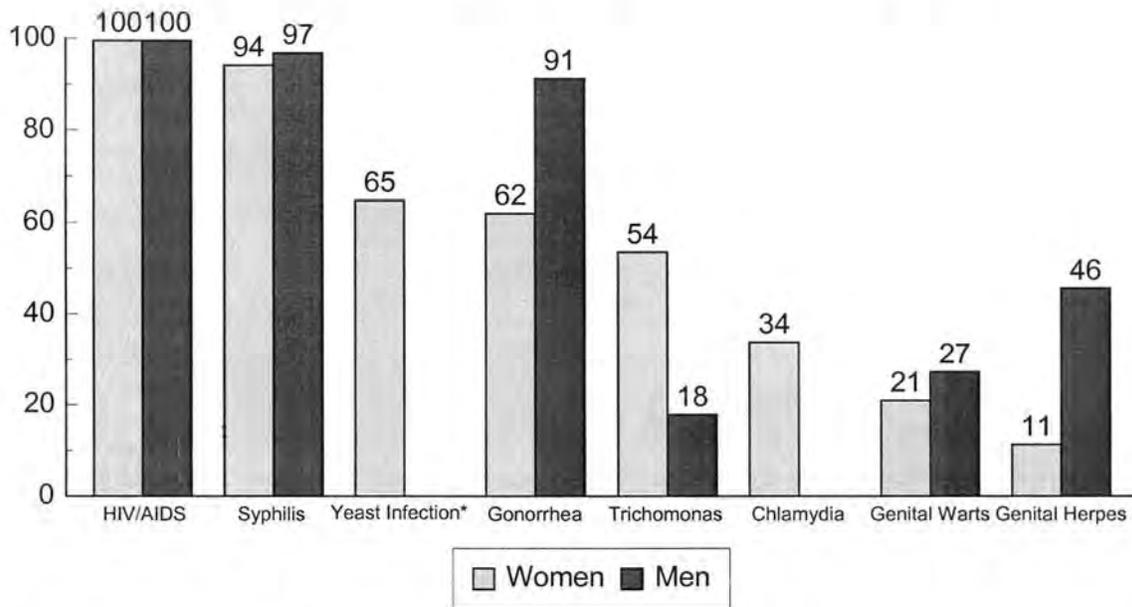
TABLE 16.1.1A
Percent of Women Aged 15-44 Who Have Heard of Specified Sexually Transmitted Diseases
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>AIDS</u>	<u>Syphilis</u>	<u>Yeast Infection</u>	<u>Gonorrhea</u>	<u>Tricho- monas</u>	<u>Chlamydia</u>	<u>Genital Warts</u>	<u>Genital Herpes</u>	<u>No. of Cases</u>
Total	99.5	94.1	64.7	61.9	53.5	33.8	20.9	11.3	6,888
<u>Residence</u>									
Urban	99.9	97.7	71.6	69.6	64.4	43.5	26.5	13.6	3,914
Rural	98.9	87.8	52.7	48.5	34.6	16.9	11.2	7.3	2,974
<u>Age Group</u>									
15-24	99.4	91.1	51.3	51.7	52.3	22.2	14.8	9.2	2,163
25-34	99.5	95.5	72.9	66.7	55.3	38.1	23.8	13.1	2,678
35-44	99.6	96.1	71.6	68.9	52.9	42.8	25.0	11.8	2,047
<u>Marital Status</u>									
Currently Married/In Union	99.4	94.8	69.2	65.0	51.0	35.6	21.6	11.3	4,846
Not Married	99.6	92.7	56.4	56.3	57.9	30.4	19.6	11.4	2,042
<u>No. of Living Children</u>									
0	99.5	93.0	58.1	58.1	60.0	31.0	20.5	11.9	2,330
1	99.7	96.5	73.5	67.1	57.5	41.7	26.5	13.5	1,927
2	99.6	96.0	69.0	67.3	49.5	35.7	20.0	11.0	1,844
3+	98.6	87.8	57.4	51.1	29.2	20.2	10.8	4.3	787
<u>Education Level</u>									
Primary or less	97.7	78.9	46.1	38.0	17.3	10.3	4.8	3.5	1,210
Secondary Incomplete	99.8	94.2	54.6	52.5	42.4	19.8	11.7	5.7	2,524
Secondary Complete	100.0	99.4	74.3	72.9	67.7	43.3	23.8	10.7	2,087
Post-Secondary	99.9	99.8	87.9	86.8	88.4	70.5	51.6	32.1	1,067
<u>Ethnic Group</u>									
Romanian	99.8	94.8	66.9	63.3	56.1	35.5	22.2	11.9	6,004
Hungarian	98.2	94.7	41.6	61.2	49.0	26.8	14.5	10.1	442
Roma	96.5	81.0	57.5	43.0	20.4	17.4	8.3	3.9	346
Other	99.0	92.5	59.1	49.2	30.8	19.0	11.6	6.7	96
<u>No. of Lifetime Partners</u>									
0	99.4	89.1	40.7	43.5	52.6	17.6	12.3	7.8	998
1	99.5	94.4	67.3	63.6	51.2	34.2	20.8	11.1	4,248
2	99.6	95.9	74.0	68.6	55.8	39.7	25.9	13.1	908
3	99.5	98.8	78.4	70.4	58.9	46.3	28.6	15.1	393
4+	100.0	98.6	81.1	80.6	69.5	55.3	30.3	15.9	295
Refused	100.0	96.1	85.4	89.3	75.0	71.0	34.3	28.6	46

TABLE 16.1.1B
Percent of Men Aged 15-49 Who Have Heard of Specified Sexually Transmitted Diseases
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>AIDS</u>	<u>Syphilis</u>	<u>Gonorrhea</u>	<u>Genital Herpes</u>	<u>Genital Warts</u>	<u>Trichomonas</u>	<u>No. of Cases</u>
Total	99.5	96.8	91.2	45.6	27.2	17.8	2,434
<u>Residence</u>							
Urban	99.7	98.7	92.9	55.9	34.0	23.1	1,342
Rural	99.2	94.0	88.9	30.9	17.5	10.2	1,092
<u>Age Group</u>							
15-24	99.4	94.1	84.3	44.2	17.3	9.8	631
25-34	99.5	97.5	93.1	48.7	34.9	18.9	775
35-44	99.5	98.4	95.7	44.6	29.7	23.6	1,028
<u>Marital Status</u>							
Currently Married/In Union	99.6	98.0	95.0	44.9	30.7	20.9	1,595
Not Married	99.3	95.0	85.6	46.8	22.1	13.2	839
<u>No. of Living Children</u>							
0	99.4	95.1	87.1	48.2	24.0	14.9	1,000
1	99.9	99.1	94.1	45.8	34.4	20.7	608
2	99.6	98.5	94.9	47.2	30.5	21.9	607
3+	98.8	94.5	96.3	27.6	16.6	14.9	219
<u>Education Level</u>							
Primary or less	97.8	85.4	80.6	18.5	5.9	5.1	324
Secondary Incomplete	99.6	97.6	90.1	33.9	18.3	8.5	1,115
Secondary Complete	99.9	99.5	94.7	59.6	37.0	19.4	578
Post-Secondary	100.0	99.9	98.3	79.5	54.6	50.3	417
<u>Ethnic Group</u>							
Romanian	99.5	96.9	92.6	46.4	27.8	18.1	2,185
Hungarian	98.1	95.0	68.7	46.8	19.6	15.7	142
Roma	100.0	95.0	94.2	25.9	23.6	12.4	79
Other	100.0	100.0	91.3	46.1	28.3	19.7	28
<u>No. of Lifetime Partners</u>							
0	97.3	84.1	67.6	28.9	3.2	3.8	192
1	99.2	94.6	90.5	37.7	17.9	13.3	320
2	99.4	98.0	88.7	39.8	23.6	10.2	205
3	99.7	95.9	93.7	43.9	24.4	11.5	261
4+	99.9	99.3	95.8	53.0	35.7	23.9	1,263
Refused	99.6	99.3	91.7	39.0	24.2	19.1	193

Figure 16.1.1
 Awareness of Certain Sexually Transmitted Diseases
 Among Women and Men of Reproductive Age
 Reproductive Health Survey: Romania, 1999



* Men were not asked about this disease.

The level of awareness about AIDS and syphilis was virtually universal across various population subgroups. However, rural women, women with three or more children, Roma women, and women who have never had intercourse were less aware of syphilis. Among men, only those with primary education (85%) and those who have never had intercourse (84%) demonstrated lower syphilis awareness. For other STDs, the level of awareness varied substantially by some respondent characteristics. Generally, among women, rural residence, young adult age (15-24 years), low educational attainment, Roma ethnic background and lack of sexual experience were associated with lower levels of awareness of specific STDs. Among men, differences in awareness were less pronounced for gonorrhoea (excepting not sexually experienced men), whereas awareness of genital herpes, genital warts and trichomonas were substantially lower among rural residents, those with three or more children, those with primary education and those who have never had sexual intercourse. Roma men were less aware of genital herpes and trichomonas whereas Hungarian men were less aware of gonorrhoea and genital warts.

The survey also explored respondents' opinions about the best source of information about STDs, according to their own experience (Figure 16.1.2 and Tables 16.1.2A and 16.1.2B). It is obvious that, for both women and men, mass media played the most important role in increasing their awareness of STDs, probably because they have mostly related the question to AIDS awareness and the media coverage of the AIDS epidemic was very extensive in Romania. About one in two respondents mentioned mass media as the most important source of information, and there is little variation by background characteristics in respondents' opinion of media's role in distributing information on STDs. In both women's and men's opinions, friends and peers were the second most important source of information (14% and 23%, respectively). Women and men with lower educational attainment and those of Roma descent, were more likely to value information on STDs from friends and peers. Less than one in ten respondents believed that a doctor was an important source of information about STDs, presumably because STD counseling is very limited in Romania. Only 4% of women and 3% of men think that teachers were their best source of information about STDs, since sex education in Romanian schools is fairly recent and the STDs curricula in not always taught (Chapter XIV).

Figure 16.1.2
 Most Important Source of Information for STDs
 Women and Men of Reproductive Age
 Reproductive Health Survey: Romania, 1999

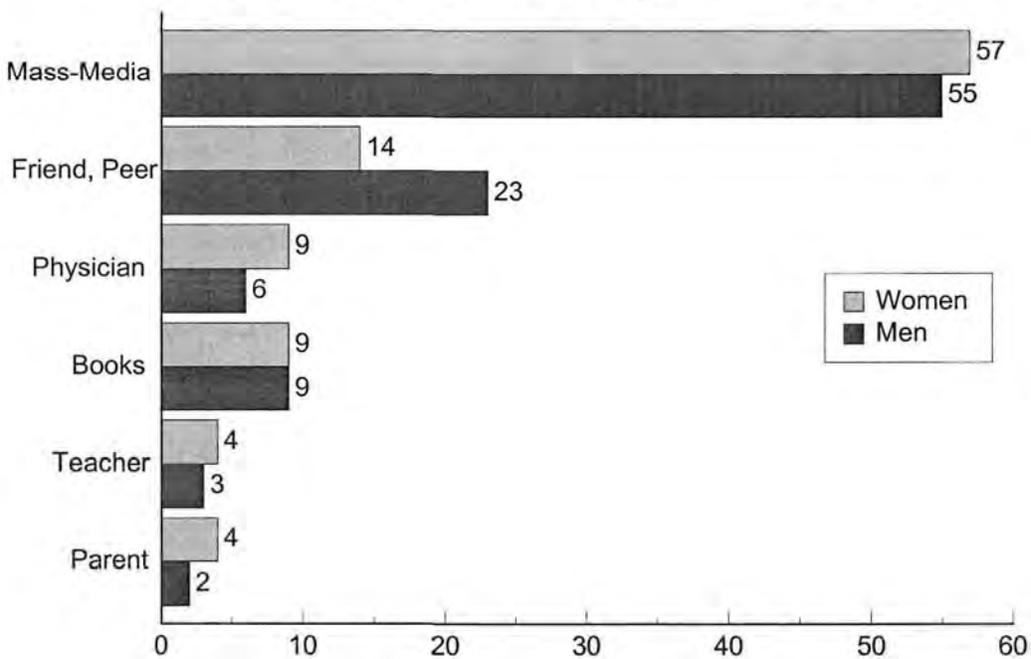


TABLE 16.1.2A
Opinion About Best Source of Information Received on Sexually Transmitted Diseases
Among Women Aged 15-44 Who Have Heard of at Least One STD
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

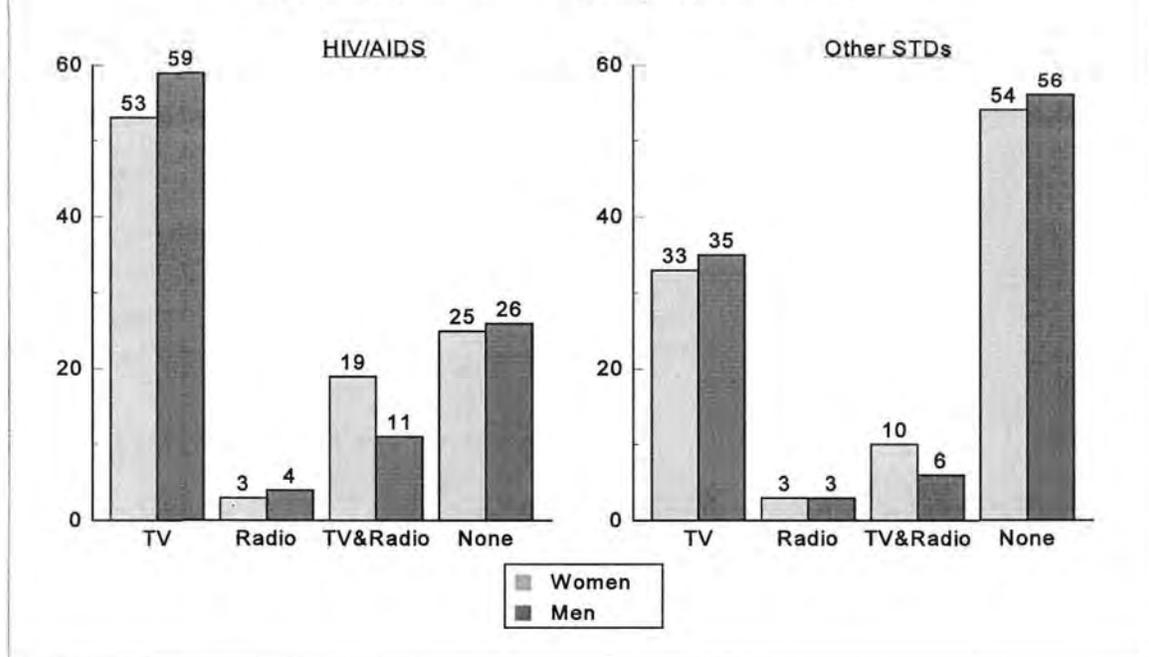
<u>Characteristic</u>	<u>Mass Media</u>		<u>Books</u>	<u>Gynecologist</u>	<u>Other</u>		<u>Parents</u>	<u>Do Not Know</u>		<u>Total</u>	<u>No of Cases</u>
	<u>Media</u>	<u>Friends</u>			<u>Doctor</u>	<u>Teacher</u>		<u>Other</u>	<u>Know</u>		
Total	57.3	14.1	8.8	5.1	4.1	4.0	3.7	1.9	0.9	100.0	6,867
Residence											
Urban	55.6	13.4	11.5	5.4	4.1	3.9	3.8	1.9	0.5	100.0	3,912
Rural	60.3	15.5	4.3	4.6	4.1	4.2	3.4	2.0	1.6	100.0	2,955
Age Group											
15-24	48.8	15.0	6.6	4.5	5.3	8.4	7.8	2.8	0.7	100.0	2,155
25-34	59.8	13.7	10.8	5.9	4.1	1.9	1.8	1.2	0.9	100.0	2,671
35-44	64.7	13.6	9.4	5.1	2.7	1.0	0.8	1.6	1.1	100.0	2,041
Marital Status											
Currently Married/In	60.9	13.7	8.6	6.0	4.1	1.6	2.4	1.7	1.0	100.0	4,831
Not Married	50.7	15.0	9.3	3.6	4.1	8.3	6.0	2.3	0.6	100.0	2,036
No. of Living Children											
0	50.1	13.8	9.9	4.1	5.0	8.0	6.5	2.1	0.5	100.0	2,323
1	59.0	13.7	10.9	5.8	4.1	2.1	2.7	1.2	0.6	100.0	1,927
2	64.1	13.9	7.5	5.7	2.7	1.3	1.6	2.1	1.0	100.0	1,839
3+	63.9	17.1	3.1	5.9	4.3	0.2	0.8	2.3	2.4	100.0	778
Education Level											
Primary or less	56.3	20.0	0.6	5.2	5.4	3.5	5.0	2.1	2.0	100.0	1,191
Secondary Incomplete	58.3	18.0	3.6	4.2	4.2	4.2	4.2	2.3	0.9	100.0	2,522
Secondary Complete	63.5	11.0	9.6	6.0	2.9	2.1	2.7	1.7	0.4	100.0	2,087
Post-Secondary	45.1	5.7	26.8	5.5	4.7	7.4	2.9	1.3	0.5	100.0	1,067
Ethnic Group											
Romanian	57.3	13.9	9.2	5.2	3.9	4.1	3.8	1.9	0.8	100.0	5,994
Hungarian	67.2	8.6	8.2	4.2	2.0	4.9	2.2	1.3	1.5	100.0	440
Roma	41.8	25.5	5.3	5.6	10.7	1.8	4.4	2.6	2.4	100.0	338
Other	71.3	14.5	1.8	2.4	2.8	2.5	3.0	1.2	0.5	100.0	95
No. of Lifetime Partners											
0	49.6	14.0	6.6	1.2	4.3	12.8	8.6	2.4	0.5	100.0	994
1	61.5	13.5	7.8	6.0	4.1	1.9	2.4	1.7	1.1	100.0	4,234
2	54.8	15.3	11.4	6.2	3.6	2.4	3.6	2.1	0.7	100.0	907
3	48.2	16.2	13.8	8.4	5.7	1.8	2.8	2.3	0.9	100.0	391
4+	51.1	18.1	16.6	3.8	3.2	3.1	1.7	1.9	0.5	100.0	295
Refused	71.6	5.3	16.1	0.7	2.2	0.8	0.8	2.5	0.0	100.0	46

TABLE 16.1.2B
Opinion About Best Source of Information Received on Sexually Transmitted Diseases
Among Men Aged 15-49 Who Have Heard of at Least One STD
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Mass</u>		<u>Other</u>				<u>Do Not</u>			<u>Total</u>	<u>No of Cases*</u>
	<u>Media</u>	<u>Friends</u>	<u>Books</u>	<u>Doctor</u>	<u>Teacher</u>	<u>Gynecologist</u>	<u>Parents</u>	<u>Other</u>	<u>Know</u>		
Total	55.4	23.0	8.8	4.1	2.9	1.5	1.5	2.3	0.6	100.0	2,427
Residence											
Urban	53.9	19.9	11.8	4.4	3.4	1.5	2.1	2.4	0.6	100.0	1,340
Rural	57.6	27.4	4.5	3.5	2.1	1.4	0.8	2.0	0.7	100.0	1,087
Age Group											
15-24	44.8	30.8	6.4	4.1	6.0	1.4	3.2	2.8	0.4	100.0	629
25-34	60.0	21.2	8.7	4.9	1.0	2.0	0.5	1.0	0.8	100.0	773
35-49	60.7	18.0	10.9	3.4	1.7	1.1	0.9	2.7	0.6	100.0	1,025
Marital Status											
Currently Married/Union	59.9	19.5	10.0	4.0	1.6	1.7	0.9	2.0	0.6	100.0	1,591
Not Currently Married	48.7	28.3	7.1	4.2	4.9	1.2	2.5	2.6	0.7	100.0	836
No. of Living Children											
0	48.8	27.9	7.7	4.6	4.5	1.5	2.2	2.3	0.5	100.0	997
1	58.9	18.3	13.0	3.4	1.5	1.4	1.1	1.6	0.7	100.0	607
2	63.1	17.8	8.8	4.0	1.7	1.4	0.7	2.1	0.4	100.0	605
3+	61.0	23.4	3.3	3.1	0.9	1.8	1.2	4.0	1.3	100.0	218
Education Level											
Primary or less	48.0	37.7	2.4	4.0	2.0	0.2	1.4	3.0	1.5	100.0	321
Secondary Incomplete	57.6	26.2	3.9	4.0	2.7	1.0	1.8	2.3	0.5	100.0	1,112
Secondary Complete	59.8	17.1	11.4	3.7	2.4	1.6	1.4	1.9	0.6	100.0	577
Post-Secondary	49.7	10.9	23.3	4.8	4.5	3.4	1.1	2.0	0.4	100.0	417
Ethnic Group											
Romanian	55.7	22.8	8.7	4.0	3.0	1.5	1.5	2.3	0.5	100.0	2,179
Hungarian	59.2	15.0	11.8	4.6	3.0	1.5	2.3	2.0	0.7	100.0	141
Roma	40.6	42.9	2.9	6.2	0.0	0.0	1.0	3.4	3.0	100.0	79
Other	60.3	18.2	21.5	0.0	0.0	0.0	0.0	0.0	0.0	100.0	28
No. of Lifetime Partners											
0	48.6	23.6	6.4	3.1	10.0	0.0	3.8	3.5	1.1	100.0	189
1	62.1	22.1	5.6	3.1	1.8	1.6	0.5	2.4	0.8	100.0	317
2	61.5	23.6	6.5	2.9	4.0	0.3	0.0	0.6	0.7	100.0	205
3	57.7	22.6	6.9	4.3	2.4	1.4	1.4	2.7	0.6	100.0	261
4+	53.4	22.9	10.8	4.7	1.8	2.0	1.5	2.3	0.5	100.0	1,263
Refused	57.2	24.3	8.5	3.1	2.3	0.8	2.3	1.1	0.5	100.0	192

* Excludes seven men who had never heard of any STDs.

Figure 16.1.3
Recent Exposure to Mass Media Messages on HIV/AIDS and Other STDs
Women and Men of Reproductive Age
Reproductive Health Survey: Romania, 1999



School is more likely to be mentioned as the best source of STD information by young adults and those who have never had sexual relations. Similarly, very few respondents mentioned that parents played an important role in their knowledge about STDs, most of them young respondents.

There is compelling evidence in the literature that behavioral changes can be positively influenced by well designed media-campaigns. Since the survey found that mass-media is unanimously considered such an important source of information about STDs, the newly developed MOH health promotion policy should actively involve mass-media in implementing behavioral interventions aimed at decreasing exposure to and transmission of STDs. The survey included additional questions about recent mass-media exposure (within the six months prior to the interview) to messages related to HIV/AIDS and other STDs ([Figure 16.1.3](#) and [Tables 16.1.3](#) and [16.1.4](#)).

As shown in [Table 16.1.3](#) and [Figure 16.1.3](#), most respondents mentioned that the messages on STDs distributed through audio-visual media are more often about HIV/AIDS—75% of women and 74% of men or reproductive age have seen or heard such messages recently. Conversely, significantly fewer women and men have been recently exposed to messages about other STDs (46% or women and 44% or men). Irrespective of the STD message, rural residents, young adults, those

TABLE 16.1.3
Recent Exposure to Mass Media Messages About HIV/AIDS
Women and Men of Reproductive Age
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	Women Aged 15-44						Men Aged 15-49					
	TV	Radio	Radio and TV	Neither Radio nor TV	Total	No of Cases*	TV	Radio	Radio and TV	Neither Radio nor TV	Total	No of Cases*
Total	53.1	3.2	18.5	25.2	100.0	6,648	59.0	3.6	10.9	26.5	100.0	2,379
Residence												
Urban	54.8	3.3	21.0	20.8	100.0	3,788	62.7	3.4	12.1	21.8	100.0	1,312
Rural	50.0	3.0	14.2	32.8	100.0	2,860	53.7	3.8	9.3	33.2	100.0	1,067
Age Group												
15-24	47.6	4.0	15.9	32.4	100.0	2,088	53.8	4.1	9.3	32.9	100.0	612
25-34	56.5	2.8	20.3	20.4	100.0	2,590	59.4	3.7	13.2	23.7	100.0	765
35-44(49)	55.8	2.7	19.8	21.8	100.0	1,970	63.1	3.1	10.5	23.3	100.0	1,002
Marital Status												
Currently Married/Union	56.2	2.6	18.9	22.3	100.0	4,682	62.9	2.6	11.7	22.8	100.0	1,562
Not Currently Married	47.4	4.4	17.9	30.4	100.0	1,966	53.3	5.0	9.8	31.9	100.0	817
No. of Living Children												
0	48.4	4.6	18.5	28.6	100.0	2,248	54.6	4.6	10.0	30.8	100.0	976
1	57.2	2.0	20.4	20.5	100.0	1,870	63.5	2.6	11.3	22.6	100.0	597
2	57.7	2.6	19.3	20.5	100.0	1,779	64.0	2.3	14.1	19.7	100.0	595
3+	49.6	2.6	12.6	35.1	100.0	751	57.6	4.3	6.7	31.5	100.0	211
Education Level												
Primary or less	47.5	2.7	8.1	41.7	100.0	1,149	46.0	3.1	3.2	47.7	100.0	309
Secondary Incomplete	53.6	2.8	15.3	28.2	100.0	2,435	57.9	4.2	9.3	28.7	100.0	1,093
Secondary Complete	56.6	3.0	22.4	17.9	100.0	2,034	65.0	3.2	13.0	18.7	100.0	566
Post-Secondary	51.0	4.8	28.9	15.3	100.0	1,030	64.2	2.8	18.5	14.6	100.0	411
Ethnic Group												
Romanian	54.1	3.5	19.1	23.2	100.0	5,798	59.6	3.4	11.0	26.0	100.0	2,139
Hungarian	45.1	2.2	17.5	35.2	100.0	425	45.8	5.7	12.5	36.0	100.0	138
Roma	45.0	0.7	10.2	44.1	100.0	335	61.1	4.2	8.3	26.4	100.0	75
Other	50.6	0.0	15.8	33.6	100.0	90	78.5	2.9	6.9	11.7	100.0	27
No. of Lifetime												
0	48.6	4.6	14.2	32.6	100.0	958	52.2	3.6	6.7	37.5	100.0	182
1	55.0	2.5	19.1	23.4	100.0	4,094	53.8	3.7	12.1	30.5	100.0	312
2	53.1	4.4	18.4	24.1	100.0	883	66.0	1.4	4.7	27.9	100.0	201
3	53.7	3.4	22.2	20.8	100.0	385	58.4	4.5	7.7	29.5	100.0	259
4+	47.0	3.4	22.7	26.9	100.0	285	60.3	3.5	13.1	23.1	100.0	1,241
Refused	41.9	0.0	29.8	28.4	100.0	43	60.4	5.1	10.7	23.7	100.0	184

* Excludes 240 women and 55 men who did not remember if they have seen or heard an HIV/AIDS message on TV or Radio within the past six months.

TABLE 16.1.4
Recent Exposure to Mass Media Messages About Other Sexually Transmitted Diseases (STDs)
Women and Men of Reproductive Age
By Selected Characteristics
Reproductive Health Survey: Romania, 1999

Characteristic	Women Aged 15-44						Men Aged 15-49					
	TV	Radio	Radio and TV	Neither Radio nor TV	Total	No of Cases*	TV	Radio	Radio and TV	Neither Radio nor TV	Total	No of Cases*
Total	32.9	3.2	10.4	53.5	100.0	6,500	35.5	2.7	5.8	56.0	100.0	2,341
Residence												
Urban	36.9	3.4	12.0	47.7	100.0	3,698	38.5	2.8	6.6	52.0	100.0	1,289
Rural	26.1	2.7	7.6	63.5	100.0	2,802	31.3	2.5	4.5	61.8	100.0	1,052
Age Group												
15-24	29.6	3.3	8.6	58.6	100.0	2,055	33.4	3.6	4.5	58.6	100.0	606
25-34	37.1	3.2	11.4	48.3	100.0	2,522	37.5	3.2	6.8	52.6	100.0	753
35-44(49)	32.4	3.0	11.5	53.1	100.0	1,923	35.8	1.6	6.0	56.6	100.0	982
Marital Status												
Currently Married/In Union	35.2	2.9	10.8	51.0	100.0	4,563	37.6	1.5	6.6	54.3	100.0	1,535
Not Married	28.8	3.6	9.7	57.9	100.0	1,937	32.5	4.4	4.5	58.5	100.0	806
No. of Living Children												
0	31.1	3.9	10.1	54.9	100.0	2,205	33.1	4.0	5.0	57.8	100.0	965
1	37.6	3.0	11.8	47.6	100.0	1,824	38.1	1.8	6.8	53.4	100.0	588
2	34.4	2.4	11.1	52.1	100.0	1,730	38.6	1.0	7.4	53.0	100.0	583
3+	25.1	2.6	6.6	65.7	100.0	741	33.5	2.2	2.5	61.8	100.0	205
Education Level												
Primary or less	22.3	1.6	3.7	72.4	100.0	1,140	23.6	1.6	1.2	73.7	100.0	306
Secondary Incomplete	31.2	2.6	7.9	58.3	100.0	2,373	32.7	2.7	4.4	60.1	100.0	1,083
Secondary Complete	39.5	3.7	13.7	43.1	100.0	1,973	43.1	3.5	6.9	46.5	100.0	552
Post-Secondary	35.8	4.9	16.5	42.7	100.0	1,014	42.3	2.4	11.3	44.0	100.0	400
Ethnic Group												
Romanian	33.9	3.4	11.0	51.7	100.0	5,664	36.0	2.6	5.8	55.6	100.0	2,101
Hungarian	26.7	1.7	7.8	63.8	100.0	413	30.9	5.5	6.3	57.3	100.0	136
Roma	25.4	1.4	4.8	68.4	100.0	332	28.7	1.0	5.9	64.4	100.0	77
Other	31.3	3.9	2.1	62.6	100.0	91	42.9	3.0	0.0	54.1	100.0	27
No. of Lifetime Partners												
0	28.8	3.5	7.9	59.9	100.0	944	31.8	2.6	3.1	62.5	100.0	181
1	34.5	2.7	11.0	51.9	100.0	3,990	26.7	3.6	5.0	64.7	100.0	311
2	31.3	4.4	9.5	54.8	100.0	861	41.5	2.2	1.4	54.9	100.0	199
3	37.7	3.5	11.2	47.6	100.0	380	34.6	2.9	4.0	58.5	100.0	252
4+	29.4	4.0	13.8	52.8	100.0	282	38.3	2.6	7.3	51.8	100.0	1,219
Refused	29.5	1.6	20.8	48.1	100.0	43	30.2	2.0	7.2	60.6	100.0	179

* Excludes 388 women and 93 men who did not remember if they have seen or heard an STD message on TV or Radio within the past six months.

with primary education, and those of Roma ethnic background, were more likely to say they have not recently seen or heard programs about STDs. Generally, most respondents have seen such messages on TV and fewer have heard radio messages on HW/AIDS or other STDs. Again, there is little difference between female and male reports regarding the predominance of visual media over radio messages and little difference by respondents background characteristics.

16.2 Self-Reported STD Testing and Diagnosis

Population-based surveys represent an important addition to traditional STD surveillance data because they help produce estimates that represent the general population; however, they may have the disadvantage of under-reporting related to self-reporting. In addition, surveys produce prevalence estimates but are less useful in examining incidence levels. Despite their limitations, surveys allow examination of the STD experience by respondents characteristics and correlates of STDs with reproductive-related information and health risk behaviors.

[Tables 16.2.1 A](#), [16.2.1B](#), and [16.2.2](#) show the reported levels of testing and diagnosis for the most common STDs in Romania. Respondents were not asked about HIV diagnosis or treatment. In interpreting these results it should be kept in mind that differences in awareness of specific STDs may affect the level of reporting of both testing and confirmed diagnosis. Some STDs are better known than others and may be reported more accurately. Also, some STDs require mandatory notifications to the dermato-venerology network (e.g., syphilis, gonorrhea) and respondents may be reluctant to acknowledge such infections, despite the assured confidentiality of the interviews.

As shown in [Table 16.2.1A](#), the most often diagnosed STDs among women were yeast infection and trichomoniasis. Overall, 9% and 4% of all respondents, respectively, report having had such infections. The prevalence of ever having a yeast or trichomonas infections was higher among urban residents, women aged 25-44 years, currently married women, those with at least one child, and increased directly with the educational attainment (probably reflecting differences in health seeking behaviors). The lifetime prevalence of both yeast and trichomonas infections increased from 10% and 4%, respectively, among women who have had only one lifetime partner to 21% and 10% among those with four or more lifetime partners.

Among men, the most often diagnosed STDs were gonorrhea (5.1%), trichomoniasis (0.9%), and syphilis (0.7%) ([Table 16.2.1B](#)). Interestingly, men of reproductive age were nine-times more likely than women to report syphilis (0.9% vs. 0.1%) and 17 times more likely to report gonorrhea (5.1% vs. 0.3%). Although incidence rates by gender were not available from the Romanian Ministry of Health and prevalence data in the general population have never been collected, surveillance reports and epidemiologic studies from other countries of the region suggest that incidence and prevalence of syphilis are usually the same for both men and women whereas

TABLE 16.2.1A
Percent of Women Aged 15-44 Who Have Been Diagnosed
with Specified Sexually Transmitted Diseases by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Yeast</u> <u>Infection</u>	<u>Trichomonas</u>	<u>Gonorrhoea</u>	<u>Genital</u> <u>Warts</u>	<u>Genital</u> <u>Herpes</u>	<u>Syphilis</u>	<u>Chlamydia</u>	<u>No. of</u> <u>Cases</u>
Total	9.2	4.0	0.3	0.3	0.2	0.1	0.1	6,888
<u>Residence</u>								
Urban	11.3	5.3	0.3	0.4	0.3	0.2	0.1	3,914
Rural	5.5	1.8	0.1	0.2	0.1	0.1	0.0	2,974
<u>Age Group</u>								
15-24	4.5	1.2	0.2	0.2	0.1	0.1	0.0	2,163
25-34	11.4	4.8	0.4	0.4	0.4	0.1	0.2	2,678
35-44(49)	12.3	6.5	0.2	0.3	0.3	0.3	0.0	2,047
<u>Marital Status</u>								
Currently Married/In Union	11.1	5.0	0.1	0.4	0.3	0.2	0.1	4,846
Not Married	5.7	2.1	0.5	0.1	0.1	0.1	0.0	2,042
<u>No. of Living Children</u>								
0	6.0	2.1	0.2	0.4	0.2	0.1	0.1	2,330
1	12.2	6.2	0.3	0.4	0.2	0.3	0.1	1,927
2	10.8	5.1	0.3	0.2	0.4	0.1	0.0	1,844
3+	9.6	2.9	0.0	0.1	0.0	0.1	0.0	787
<u>Education Level</u>								
Primary or less	5.6	1.0	0.3	0.1	0.0	0.1	0.0	1,210
Secondary Incomplete	5.8	3.2	0.2	0.2	0.2	0.2	0.0	2,524
Secondary Complete	10.3	5.2	0.1	0.2	0.3	0.1	0.0	2,087
Post-Secondary	18.1	6.6	0.6	1.1	0.4	0.1	0.3	1,067
<u>Ethnic Group</u>								
Romanian	9.4	4.3	0.2	0.3	0.3	0.2	0.1	6,004
Hungarian	7.5	2.5	0.0	0.5	0.0	0.0	0.1	442
Roma	7.5	1.7	1.2	0.4	0.2	0.0	0.0	346
Other	9.6	1.6	0.5	0.8	0.0	0.0	0.0	96
<u>No. of Lifetime Partners</u>								
0	0.7	0.0	0.0	0.1	0.0	0.0	0.0	998
1	10.2	4.1	0.1	0.2	0.2	0.1	0.1	4,248
2	9.8	4.9	0.1	0.3	0.4	0.2	0.0	908
3	13.6	6.7	1.3	1.0	0.5	0.2	0.1	393
4+	21.3	10.4	1.3	1.4	0.6	0.6	0.0	295
Refused	19.7	17.9	7.6	0.0	0.7	0.0	0.0	46

TABLE 16.2.1B
Percent of Men Aged 15-49 Who Have Been Diagnosed
with Specified Sexually Transmitted Diseases by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Gonorrhea</u>	<u>Trichomonas</u>	<u>Syphilis</u>	<u>Genital Warts</u>	<u>Genital Herpes</u>	<u>No. of Cases</u>
Total	5.1	0.9	0.7	0.6	0.5	2,434
Residence						
Urban	5.2	1.4	1.0	0.9	0.8	1,342
Rural	4.9	0.2	0.4	0.2	0.1	1,092
Age Group						
15-24	1.4	0.1	0.1	0.5	0.0	631
25-34	5.5	0.7	0.7	1.0	0.5	775
35-49	7.9	1.7	1.3	0.4	0.9	1,028
Marital Status						
Currently Married/In Union	6.1	1.2	1.2	0.7	0.7	1,595
Not Married	3.6	0.3	0.1	0.5	0.2	839
No. of Living Children						
0	3.1	0.6	0.0	0.5	0.3	1,000
1	6.9	0.5	1.2	1.1	0.5	608
2	6.6	1.5	1.7	0.5	0.5	607
3+	7.1	1.7	0.9	0.0	1.2	219
Education Level						
Primary or less	5.6	0.2	0.7	0.3	0.3	1,439
Secondary Incomplete	4.0	1.0	0.6	1.0	0.2	578
Secondary Complete	4.9	2.9	0.9	1.0	1.5	417
Post-Secondary						
Ethnic Group						
Romanian	4.9	0.9	0.6	0.6	0.5	2,185
Romanian	5.5	0.0	0.4	0.0	0.0	142
Hungarian	8.5	1.5	4.5	1.0	0.0	79
Roma	5.3	0.0	0.0	0.0	0.0	28
Other						
No. of Lifetime Partners						
0	0.0	0.0	0.0	0.0	0.0	192
0	0.0	0.0	0.0	0.6	0.0	320
1	2.8	0.8	0.6	0.0	0.5	205
2	1.7	0.0	0.0	0.0	0.2	261
3	8.6	1.5	1.2	1.0	0.8	1,263
4+	2.9	0.3	0.8	0.0	0.4	193
Refused	17.9	7.6	0.0	0.7	0.0	46

TABLE 16.2.2
Level of Awareness, Testing, Diagnostic, and Treatment for STDs
Among Women and Men of Reproductive Age Who Have Ever Had Sexual Intercourse
by Specified Sexually Transmitted Diseases
Reproductive Health Survey: Romania, 1999

<u>Specific STD</u>	<u>Awareness of STD</u>	<u>Testing for STD</u>	<u>Diagnostic of STD</u>	<u>Treatment for STD</u>	<u>Unweighted No. of Cases</u>
<u>Women Aged 15-44</u>					
HIV/AIDS	99.5	5.6	*	*	5,890
Syphilis	95.2	14.3	0.2	0.1	5,890
Gonorrhea	70.0	3.0	0.3	0.3	5,890
Yeast Infection	66.0	18.6	11.1	10.6	5,890
Genital Herpes	53.7	1.8	0.3	0.3	5,890
Trichomonas	37.4	9.7	4.9	4.9	5,890
Genital Warts	22.8	1.4	0.4	0.4	5,890
Chlamydia	12.1	0.8	0.1	0.1	5,890
Any STD	99.5	31.6	14.4	14.0	5,890
<u>Men Aged 15-49</u>					
HIV/AIDS	99.7	9.4	*	*	2,242
Syphilis	98.2	11.1	0.8	0.8	2,242
Gonorrhea	93.8	10.2	5.6	5.5	2,242
Genital Herpes	47.5	1.6	0.5	0.5	2,242
Genital Warts	29.9	1.6	0.7	0.7	2,242
Trichomonas	19.4	1.8	1.0	0.8	2,242
Any STD	99.9	22.0	7.4	7.1	2,242
* Respondents were not asked about the results of HIV testing					

incidence of gonorrhea is slightly higher in men than in women (Tichonova L., et al, 1997, Hegyi V. et al, 1998, Gerbase AC. et al., 1998). Thus, the survey prevalence estimates for STDs among women probably represent greater under-reporting than among men and, at least for syphilis prevalence, male prevalence should be viewed as a better proxy of the real magnitude of the disease in the reproductive age population.

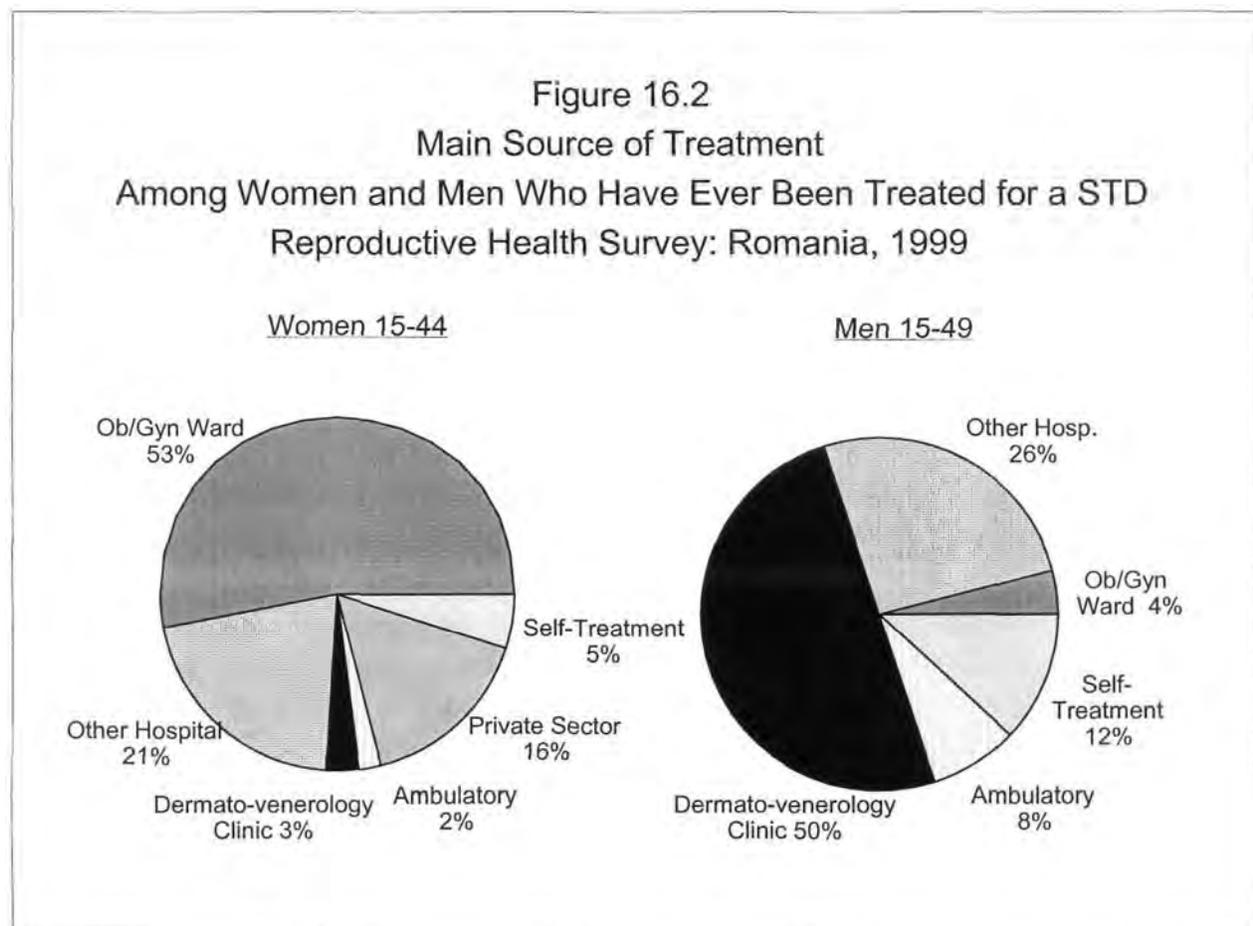
Among men, the prevalence of ever being diagnosed with gonorrhea or syphilis increased with age, since older men have longer exposure to the disease than young adults, was higher among currently married men, those with at least one child, and those with three or more lifetime partners.

Prevalence data on STDs are not available in many countries, including Romania. However, for designing effective public health responses, countries need accurate information on both incidence and prevalence to better describe the magnitude of the problem, develop specific interventions and monitor the impact of these interventions. Because of the paucity of such data, the WHO has recently generated a set of global and regional STDs estimates for 1995. Prevalence estimates on syphilis, gonorrhea, and chlamydia were inferred based on an extensive review of the published and unpublished epidemiologic studies in low-risk population (pregnant women, blood donors, family planning clinic clients). The WHO compiled estimates for syphilis, gonorrhea, chlamydia, and trichomoniasis in Eastern Europe and the Central Asia region were 0.08%, 0.5%, 3.7%, and 7.4%, respectively, among 15-49 year old women and 0.08, 0.3, 1.7, and 0.7, respectively among men 15-49 years of age (Gerbase A.C. et al., 1998). The 99RRHS data on prevalence of syphilis, gonorrhea and trichomoniasis among women of reproductive age were comparable with the WHO compiled estimates, but the prevalence of chlamydia infection was much lower in the survey, presumably because a very low level of awareness of this disease in the general population (0.6% vs. 3.7%) and limited laboratory testing abilities for this infection in Romania. However, the survey prevalence of syphilis and gonorrhea among men 15-49 years of age is ten-times higher than the WHO estimates for the region (0.7% vs. 0.08% for syphilis and 5.1% vs. 0.3% for gonorrhea), clearly demonstrating that efforts to determine prevalence estimates in population-based reproductive health surveys are well justified because, despite inherent under-reporting, these information may be the only way to gauge country level estimates to be used in planning and monitoring public health interventions.

[Table 16.2.2](#) shows the awareness, testing and STD's diagnostics among sexually experienced respondents. Overall, one in three women and about one in five men have ever been tested for STDs. The most frequently tested STDs among sexually experienced women were yeast infection, syphilis and trichomoniasis, whereas for men syphilis, gonorrhea, and HIV/AIDS, were the most often tested. Overall, 14% and 11%, respectively, of sexually experienced women and men reported being tested for syphilis but only a small fraction of them have been diagnosed with the disease, yielding a prevalence of 0.2% for women and 0.8% for men. Among women tested for yeast infection and trichomoniasis the positivity rate was almost 50%. The prevalence among sexually experienced women for these infections was 11% and 5% respectively. Similarly, about 50% of men tested for gonorrhea and trichomonas had tested positive.

Respondents were only seldom tested for other STDs. Gonorrhea and chlamydia testing were

reported by 3% and 0.8% of women, respectively. The positivity rates for gonorrhoea and chlamydia were 10% and 8%, respectively. Viral STDs like genital warts and genital herpes are very seldom tested in Romania (1.8% and 1.4%, respectively, among women and 1.6% among men). Presumably, testing is performed only when suggestive clinical symptoms occur, because almost a third of those tested were confirmed as having the disease. The vast majority of those who have tested positive for STDs have received medical treatment for these infections. Depending on the condition, between 15%-25% of women but none of the men who tested positive have been treated in the private sector (Figure 16.2). Very few respondents with a history of STDs (5% of women and 12% of men) declared that they self-treated their infections, presumably because they who have done so chose not to mention their STDs experience. Interestingly, the main source of treatment for women was an Ob/Gyn hospital or ward whereas for men it was a dermato-venerologic clinic. This finding is due, in part, to the gender discrepancy in reporting syphilis, a condition which is most likely to be treated in the dermato-venerology network of hospitals and clinics.



16.3 Self-Reported STD Symptoms

In an attempt to assess the prevalence of STD symptoms among the general population, the survey included a series of questions about recent history of vaginal discharge and the presence or absence of any genital sores or ulcers. [Table 16.3](#) shows the reported prevalence of vaginal discharge and genital sores/ulcers among sexually experienced women aged 15-44 during the 12 months prior to the interview. This information will help the national STD programme to help decide if a syndromic approach for the case management of STDs among female population is warranted. Syndromic case reports do not require laboratory diagnostic tests and are based on the identification of a combination of symptoms and signs (syndromes) suggestive of selected STDs. Syndromic case management combines the identified syndromes with knowledge about the most common causative organisms and their antibiotic susceptibility. However, several important limitations make the syndromic approach not suitable for assessment of STDs incidence and prevalence or to measure the impact of STDs prevention programmes. First, a high proportion of vaginal discharge cases are not caused by STDs; genital ulcers are often an indication of recurrent HSV infection which may have been acquired years before. Second, a high proportion of STDs in women are asymptomatic. Third, syndromic case definitions are not pathogen-specific (WHO, 1999). Finally, treatment based on syndromic case definitions leads inevitably to over-treatment, promotion of antimicrobial resistance, and social costs related to mislabelling individuals as infected with a STDs. These drawbacks should be carefully balanced against the costs associated with STDs complications, continued transmission and potential increased transmission of HIV infection, and medical costs such as laboratory testing and clinician diagnosis (Johannes van Dam et al., 1998).

As shown in [Table 16.3](#), almost one in four sexually experienced women reported abnormal vaginal discharge and 3% reported "sores, warts, or ulcers in the genital area". Reports were slightly higher among the same women who showed higher levels of awareness, suggesting that STD syndrome reporting may be correlated with STD awareness. Similarly, reports of STD signs and symptoms were higher among women who have ever been tested for or diagnosed with a STD. Among women who have recently experienced vaginal discharge, 65% reported also low abdominal pain, 45% reported dyspareunia (pain during sexual intercourse), 39% reported vaginal itching, and 36 % reported painful urination (dysuria).

TABLE 16.3
Percent of Sexually Experienced Women 15-44 Who Have Had Recent* Vaginal Discharge
and Percent Who Reported Other Symptoms Associated with Vaginal Discharge
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Vaginal Discharge or Genital Ulcer</u>			<u>Symptoms Associated with Vaginal Discharge</u>				
	<u>Vaginal Discharge</u>	<u>Genital Ulcer/Sores</u>	<u>No. of Cases</u>	<u>Abdominal Pain During Pains</u>	<u>Intercourse</u>	<u>Vaginal Prurit</u>	<u>Dysuria</u>	<u>No. of Cases</u>
Total	22.7	3.3	5,890	64.8	44.9	38.5	35.9	1,382
<u>Residence</u>								
Urban	23.3	3.5	3,334	65.2	43.1	36.0	35.0	802
Rural	21.8	2.9	2,556	64.1	48.4	43.4	37.6	580
<u>Age Group</u>								
15-24	28.1	3.4	1,263	64.1	51.7	37.4	38.5	350
25-34	24.2	4.2	2,594	64.4	45.4	38.5	31.2	663
35-44	17.7	2.3	2,033	66.2	37.3	39.8	40.2	369
<u>Marital Status</u>								
Currently Married/In Union	22.2	3.4	4,846	65.7	47.7	40.5	36.9	1,133
Not Married	24.7	2.9	1,044	61.9	35.5	31.9	32.5	249
<u>Education Level</u>								
Primary or less	20.9	2.7	1,026	60.1	50.2	43.6	38.7	218
Secondary Incomplete	24.3	3.4	2,092	70.6	48.2	42.7	38.7	524
Secondary Complete	21.3	3.2	1,895	63.3	42.1	39.2	32.5	431
Post-Secondary	24.2	3.8	877	59.7	38.5	24.6	33.4	209
<u>Ethnic Group</u>								
Romanian	23.5	3.4	5,095	65.3	45.8	38.0	35.5	1,230
Hungarian	13.3	0.8	400	46.6	18.0	37.4	31.0	58
Roma	25.2	4.3	316	70.6	49.8	43.6	41.0	82
Other	13.1	3.8	79	†	†	†	†	12
<u>No. of Lifetime Partners</u>								
0	21.3	3.0	4,248	65.8	47.1	41.1	37.3	958
1	25.6	4.5	908	58.9	40.2	35.6	31.6	228
2	26.0	4.3	393	66.9	42.0	27.0	34.4	102
3+	27.6	3.3	688	67.6	41.3	30.3	34.5	186
Refused	20.7	1.4	46	†	†	†	†	10
<u>STDs Testing</u>								
Never tested	19.2	2.8	4,071	64.6	44.3	38.3	33.2	809
Ever tested	30.5	4.4	1,819	65.2	45.9	38.9	39.6	573
<u>STDs Diagnostic</u>								
Never Told to Have STD	19.4	2.8	5,064	62.7	41.7	37.6	31.8	1,025
Ever Told to Have STD	42.4	6.2	826	70.7	53.7	41.0	47.0	357

* Within the Past 12 Months.

† Fewer than 25 observations in this category.

16.4 Number of Current Sexual Partners and Condom Use Patterns

Individual factors that influence exposure to and transmission of STDs include certain sexual behaviors and perceptions of risk of getting these diseases. Among sexual behaviors, multiple partners, intercourse with high risk partners, and lack of condom use place individuals at greater risk of becoming infected.

In an effort to determine the proportion of respondents who have currently had sexual intercourse with nonmarital noncohabitating partners and their STD preventive practices, the 99RRHS included questions on the number of recent sexual partners and condom use (during the past three months), regardless of marital status or gender. Because of their higher likelihood of having more than one current partner, male respondents were asked about the relationship and contraceptive practices with each of the last two sexual contacts within the past three months.

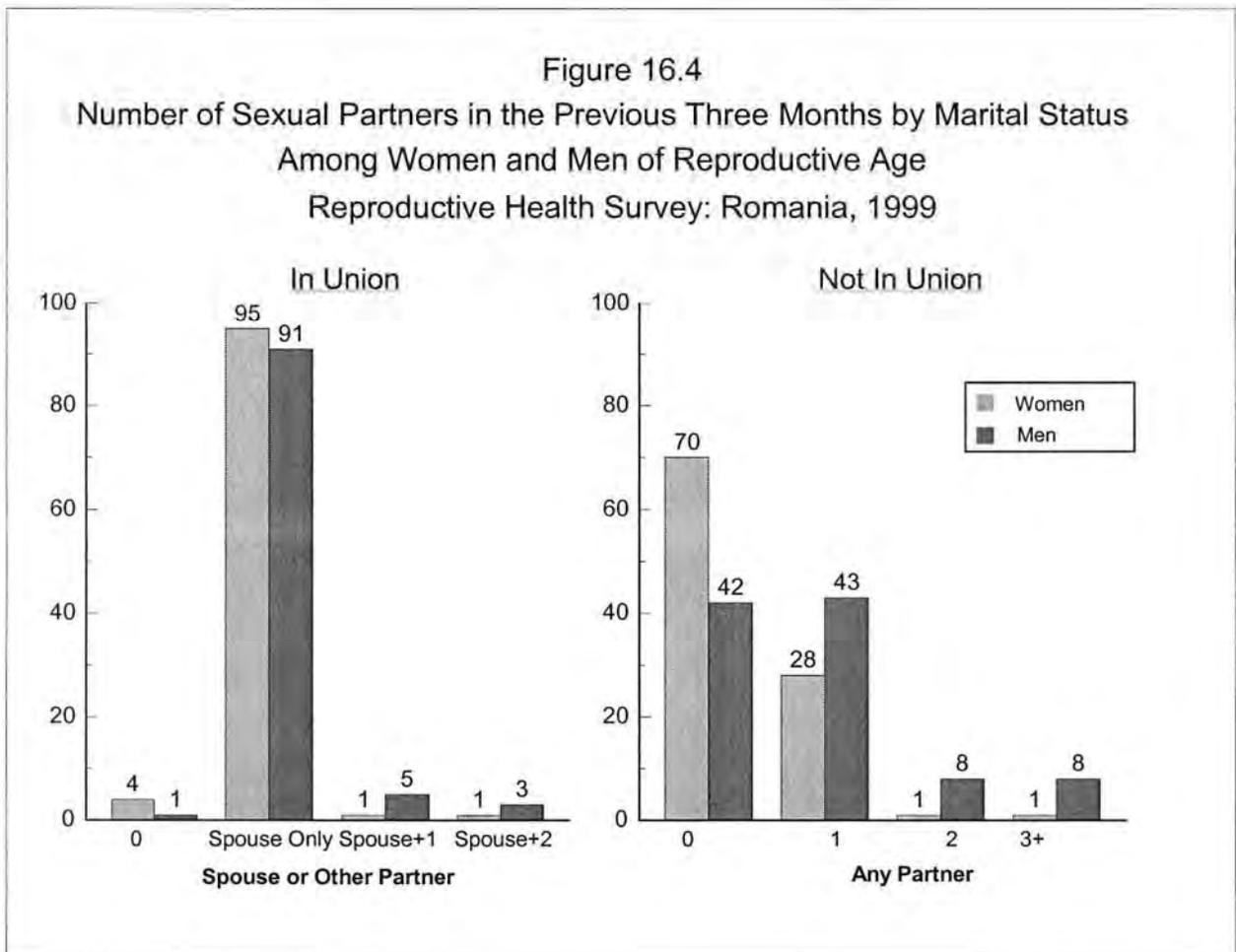


TABLE 16.4.1
Percent Distribution of Currently in Union Women and Men of Reproductive Age
by Number of Sexual Partners Within the Past Three Months
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women In Union 15-44</u>						<u>Men In Union 15-49</u>					
	<u>None</u>	<u>Spouse Only</u>	<u>One Partner Other Than Spouse</u>	<u>Two or More Other than Spouse</u>	<u>Total</u>	<u>No. of Cases*</u>	<u>None</u>	<u>Spouse Only</u>	<u>One Partner Other Than Spouse</u>	<u>Two or More Other than Spouse</u>	<u>Total</u>	<u>No. of Cases*</u>
Total	3.6	94.7	1.2	0.5	100.0	4,843	1.1	90.8	5.4	2.6	100.0	1,582
Residence												
Urban	3.4	94.9	1.3	0.3	100.0	2,633	0.6	90.5	5.9	2.9	100.0	866
Rural	3.9	94.4	1.0	0.7	100.0	2,210	1.7	91.4	4.7	2.2	100.0	716
Region												
Bucharest	4.3	92.4	2.8	0.5	100.0	383	0.4	84.1	9.7	5.8	100.0	144
Vallahia	3.0	95.2	1.2	0.7	100.0	1,777	1.2	89.7	6.1	3.0	100.0	563
Transylvania	3.9	95.1	0.6	0.4	100.0	1,664	1.1	91.9	4.7	2.3	100.0	608
Moldova	3.8	94.6	1.3	0.3	100.0	1,019	1.1	95.0	3.0	0.9	100.0	267
Age Group												
15-24	3.7	92.3	3.5	0.5	100.0	779	0.0	93.4	6.6	0.0	100.0	77
25-34	3.0	95.4	1.0	0.6	100.0	2,271	0.9	90.9	6.1	2.1	100.0	586
35-44(49)	4.1	95.0	0.5	0.4	100.0	1,793	1.2	90.6	4.9	3.2	100.0	919
Education Level												
Secondary Incomplete	4.0	94.6	0.9	0.6	100.0	2,678	1.3	91.2	5.4	2.1	100.0	889
Secondary Complete	3.0	96.1	0.6	0.3	100.0	1,582	0.6	89.9	5.8	3.6	100.0	409
Postsecondary	3.5	92.1	3.7	0.6	100.0	583	1.0	91.1	5.0	3.0	100.0	284

* Exclude 3 women and 13 men who refused to answer how many sexual partners did they have during the previous three months.

As shown in [Table 16.4.1](#) and [Figure 16.4](#), almost 2% of currently married women and 8% of currently married men reported having had one or more sexual partners outside of their marriage or consensual union during the past three months. The proportion of women reporting extramarital sexual relationships was higher among women living in Bucharest (3%), 15-24-year-olds (4%), and women with postgraduate education (4%). Romanian men were, on average, four time more likely than Romanian women to report having had sexual relations with women other than their spouses. The percentage of men with extramarital sexual relations was twice as high as the average among men residing in Bucharest (16%), but was substantially lower among residents of Moldova region (4%).

TABLE 16.4.2
Percent Distribution of Unmarried Women and Men of Reproductive Age
by Number of Sexual Partners Within the Past Three Months
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Unmarried Women 15-44</u>						<u>Unmarried Men 15-49</u>					
	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three or More</u>	<u>Total</u>	<u>No. Of Cases</u>	<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three or More</u>	<u>Total</u>	<u>No. Of Cases*</u>
Total	70.1	28.4	0.9	1.0	100.0	2,042	41.7	42.9	7.5	8.0	100.0	836
Residence												
Urban	64.6	33.9	0.8	1.0	100.0	1,281	37.9	46.5	8.6	7.0	100.0	469
Rural	81.0	17.7	1.2	0.2	100.0	761	46.6	38.3	6.0	9.2	100.0	367
Region												
Bucharest	58.6	40.0	1.0	0.3	100.0	151	34.2	51.9	5.8	8.0	100.0	77
Vallahia	74.5	24.6	0.3	0.6	100.0	759	40.1	45.2	8.0	6.7	100.0	270
Transylvania	64.1	33.4	1.7	0.7	100.0	663	41.3	41.7	7.7	9.2	100.0	328
Moldova	77.9	21.1	0.7	0.2	100.0	469	48.1	37.3	6.8	7.8	100.0	161
Age Group												
15-24	73.9	24.8	1.0	0.4	100.0	1,383	47.6	39.1	5.9	7.4	100.0	554
25-34	55.7	42.5	0.7	1.1	100.0	406	23.3	53.6	12.9	10.2	100.0	183
35-44(49)	67.0	31.9	0.8	0.3	100.0	253	33.4	50.9	8.0	7.7	100.0	99
Education Level												
Secondary Incomplete	80.8	18.0	0.9	0.4	100.0	1,054	53.2	34.3	5.8	6.8	100.0	538
Secondary Complete	63.9	35.7	0.3	0.1	100.0	504	21.8	53.2	11.2	13.8	100.0	169
Postsecondary	52.7	44.5	1.6	1.2	100.0	484	18.4	66.4	9.8	5.3	100.0	129

* Exclude three unmarried men who refused to answer how many sexual partners they had during the previous three months

Table 16.4.2 and Figure 16.4 show the percent distribution of unmarried women and men by the number of partners with whom they had intercourse during the past three months. On average, only 2% of unmarried women but 16% of unmarried men, reported having recently had more than one sexual partner. Among women, this percentage was slightly higher for those living in Transylvania and those with postsecondary education. Among men, multiple sexual partners was reported by 23% of men aged 25-34 compared to only 13% of men aged 15-24 and 16% of men aged 35 or older. Men with complete secondary education were the most likely to report two or more partners within the past three months (25%).

TABLE 16.4.3
Use of Condom at the Last Sexual Intercourse With Spouse or With Other Partner(s)
Among Women and Men of Reproductive Age Who Have Had Sexual Intercourse
Within the Past Three Months by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women 15-44</u>						<u>Men 15-49</u>					
	<u>Women In Union</u>			<u>Women Not In Union</u>			<u>Men In Union</u>			<u>Men Not In Union</u>		
	<u>All Women</u>	<u>With Spouse</u>	<u>or Other Partner</u>	<u>No. of Cases</u>	<u>With Any Partner</u>	<u>No. of Cases</u>	<u>All Men</u>	<u>With Spouse</u>	<u>or Other Partner</u>	<u>No. of Cases</u>	<u>With Any Partner</u>	<u>No. of Cases</u>
Total	10.4	7.7	12.5	4,657	26.1	611	21.6	10.0	24.9	1,560	47.5	495
Residence												
Urban	13.1	10.0	16.9	2,535	26.8	454	24.2	12.7	29.8	858	49.5	290
Rural	5.6	3.8	5.6	2,122	23.4	157	17.5	5.9	15.4	702	44.6	205
Region												
Bucharest	12.6	10.3	15.0	366	22.3	65	25.3	13.3	23.7	143	51.7	53
Vallahia	9.7	6.0	21.3	1,715	33.4	198	21.3	8.7	28.8	555	48.9	159
Transylvania	11.1	8.7	3.5	1,604	23.6	239	23.9	12.4	26.0	600	49.3	199
Moldova	9.0	7.2	0.0	972	22.0	109	15.7	6.2	6.9	262	39.3	84
Age Group												
15-24	17.8	7.4	25.9	750	32.1	355	46.3	6.0	20.3	77	54.5	287
25-34	10.6	9.7	6.6	2,196	21.0	171	19.5	11.1	31.9	576	42.6	142
35-44(49)	5.5	5.6	0.0	1,711	4.7	85	10.8	9.7	21.0	907	13.4	66
Education Level												
Secondary Incomplete	5.1	3.3	2.4	2,567	21.6	211	16.5	6.3	18.8	875	40.9	262
Secondary Complete	11.1	9.5	1.5	1,529	22.3	188	25.0	11.5	31.4	406	53.1	129
Postsecondary	24.9	20.6	31.4	561	33.5	212	31.5	18.8	31.7	279	56.7	104

Table 16.4.3 shows the prevalence of condom use during the last sexual intercourse among those who reported any sexual relations during the past three months by marital status and relationship with the last partner. Overall, 10% of women and 22% of men reported using a condom the last time they had intercourse with their spouse or any other partner. Among respondents currently in union who recently had intercourse only with their spouses, 8% of women and 10% of men said they used condoms during the last intercourse. Women and men who reported one or more partners other than a spouse or cohabitating partner were more likely to report that they used condoms at the last intercourse, either with their extramarital partners or with their spouses (13% and

25%, respectively). Among unmarried respondents, condom use at last intercourse was significantly higher—26% of women and 48% of men reported using condoms. Condom use at the last intercourse was slightly higher among unmarried women and men living in urban areas (27% and 50%, respectively), young adults (32% and 55%), and respondents with postsecondary education (34% and 57%).

16.5 Self Perceived Risk of STDs

The rate of spread of STDs in a population is basically determined by three factors: a) exposure to infection, b) the probability of acquiring the infection; and c) the duration of time in which infected individuals can spread the infection (Eng TR and Butler WT, 1997). As a result of poor knowledge and awareness of STDs, Romanians usually underestimate their risk of infection, especially for STDs other than HIV/AIDS. As shown in [Table 16.5](#), the 99RRHS found that only 23% of women and 39% of men thought they had any risk of acquiring an STD, including 8% of

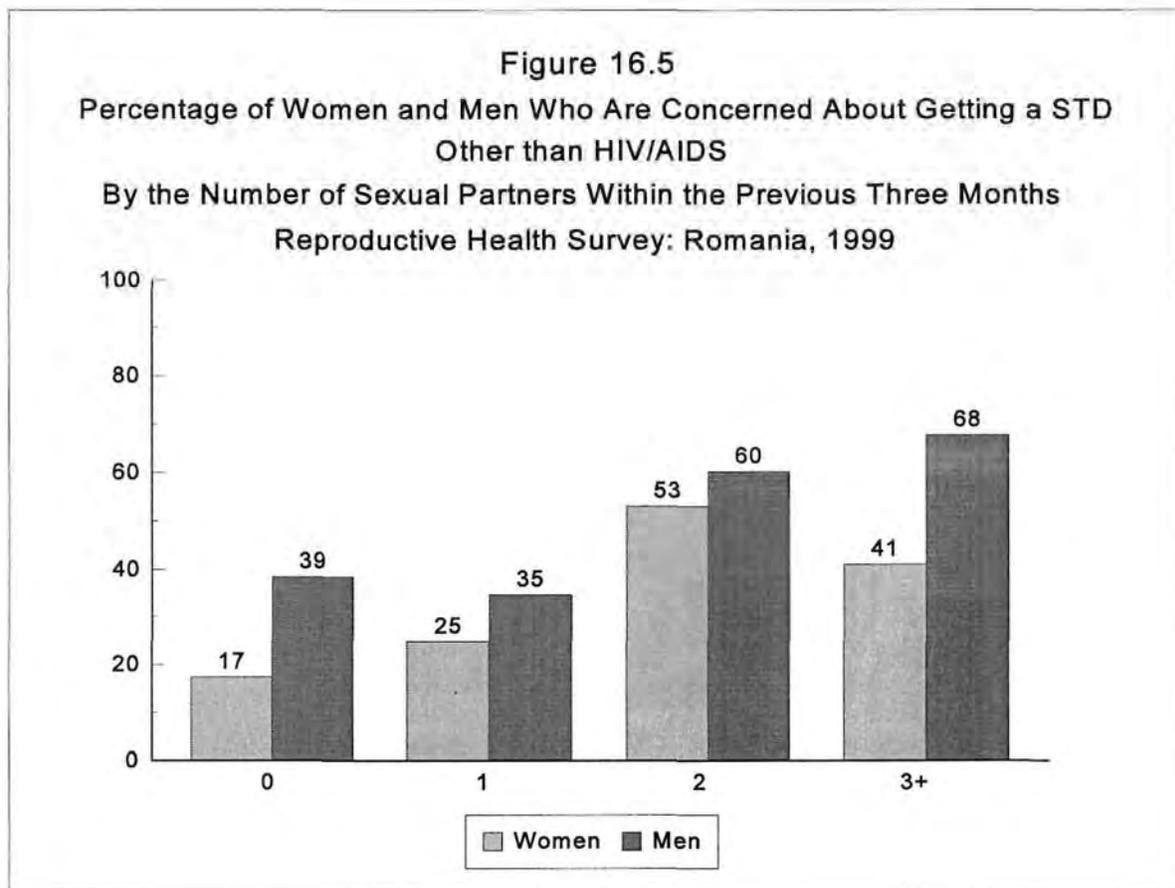


TABLE 16.5
Percent Distribution of Women and Men of Reproductive Age Who Have Heard of at Least
One Sexually Transmitted Disease (STD)
by Their Self-Perceived Risk of Acquiring a STD by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women 15-44</u>						<u>Men 15-49</u>					
	<u>High or Medium Risk</u>	<u>Low Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>	<u>High or Medium Risk</u>	<u>Low Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	7.8	15.1	69.5	7.6	100.0	6,857	14.3	24.2	57.0	4.4	100.0	2,422
Residence												
Urban	7.4	18.0	69.5	5.1	100.0	3,910	14.9	25.2	57.8	2.0	100.0	1,338
Rural	8.5	10.1	69.5	11.9	100.0	2,947	13.5	22.8	55.9	7.8	100.0	1,084
Region												
Bucharest	7.8	22.8	65.0	4.4	100.0	534	15.7	29.4	49.5	5.4	100.0	220
Vallahia	7.7	14.8	70.8	6.7	100.0	2,526	13.5	25.2	57.3	4.0	100.0	837
Transylvania	7.0	13.9	70.2	8.9	100.0	2,312	12.0	25.8	58.6	3.7	100.0	935
Moldova	9.5	13.1	68.4	9.0	100.0	1,485	19.3	17.0	57.7	5.9	100.0	430
Age Group												
15-19	8.2	11.4	71.0	9.3	100.0	918	19.7	26.0	45.4	8.9	100.0	309
20-24	7.7	18.5	65.5	8.2	100.0	1,234	20.9	31.2	42.7	5.2	100.0	319
25-29	8.4	15.7	66.7	9.2	100.0	1,304	16.5	27.6	52.2	3.7	100.0	385
30-34	8.7	16.9	69.2	5.2	100.0	1,362	13.3	20.7	62.2	3.9	100.0	387
35-39	7.5	14.2	71.3	7.1	100.0	953	11.2	23.8	61.9	3.0	100.0	302
40-44(49)	6.3	13.4	74.3	6.0	100.0	1,086	7.9	18.8	70.5	2.7	100.0	720
Education Level												
<12 Classes	8.2	12.0	69.4	10.4	100.0	3,705	16.0	19.3	58.5	6.2	100.0	1,428
12 Classes	8.0	16.3	70.3	5.4	100.0	2,086	13.1	30.7	54.5	1.7	100.0	577
>12 Classes	6.2	22.8	68.4	2.7	100.0	1,066	10.3	32.3	55.3	2.1	100.0	417
Ethnic Group												
Romanian	7.6	15.6	69.7	7.0	100.0	5,990	14.8	24.1	56.8	4.3	100.0	2,176
Hungarian	5.9	11.1	73.3	9.6	100.0	436	7.8	30.4	55.6	6.3	100.0	139
Roma	11.7	12.9	61.5	13.9	100.0	336	15.7	14.8	63.8	5.6	100.0	79
Other	15.3	11.1	64.7	8.9	100.0	95	8.6	29.5	59.6	2.4	100.0	28
No. of Lifetime												
Never Had	5.8	11.6	74.4	8.2	100.0	1,608	15.7	22.8	52.2	9.4	100.0	358
One	8.3	16.4	67.8	7.4	100.0	5,187	12.9	21.9	61.7	3.5	100.0	1,794
Two	37.4	15.6	46.9	0.0	100.0	25	14.9	45.3	36.5	3.3	100.0	147
Three or More	20.6	20.2	58.6	0.7	100.0	34	29.7	38.0	30.9	1.4	100.0	107
Refused	*	*	*	*	100.0	3	*	*	*	*	100.0	16

* Fewer than 25 cases in that category

women and 14% of men who believed that their risk was medium or high. Surprisingly, concerns about exposure to the risk of HIV/AIDS were somewhat higher than concerns of acquiring other STDs—36% of women and 47% of men said they believed they had some risk of getting HIV/AIDS—probably because of the intensive HIV/AIDS media coverage in the recent years (Chapter XVII).

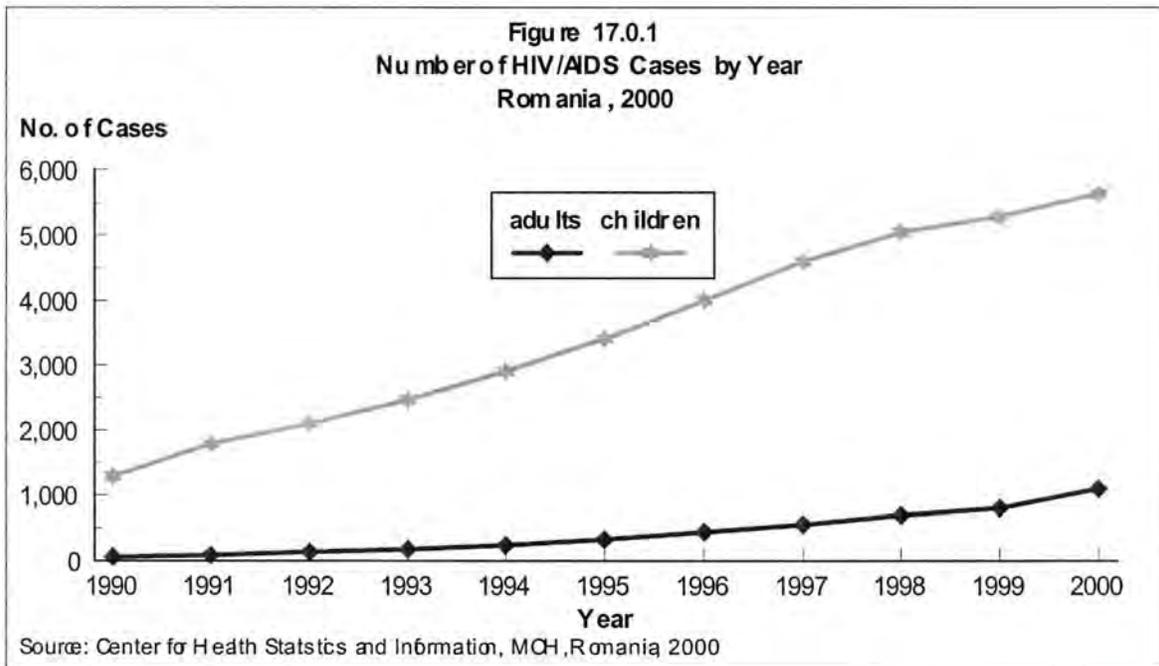
Self-perceived risk of getting infected with an STD other than HIV/AIDS was higher among men than among women and increased with the increase in the number of recent sexual partners (Figure 16.5). Background characteristics did not influence much this perception. Among women, lack of awareness of any STD risk was slightly more common in rural areas (primarily because rural women did not know if they have or not any risk), among the youngest and the oldest age groups (80%), among those with less than complete secondary education (80%), and those with no sexual experience (83%). Self-perception of high or medium risk also varied by background characteristics. The percentage of women who thought they were at high or medium risk of contracting an STD other than HIV/AIDS was slightly higher in the Moldova region (perhaps influenced by the news of very high STD rates in the neighboring country, Republic of Moldova), among women of Roma ethnic group, and among those with two or more sexual partners in the past three months. Similarly, lack of awareness of risk of acquiring an STD among men was slightly higher in rural areas, among men 40 years of age or older, and among monogamous men or those with no sexual experience. Men who perceive that they have a high or medium risk of getting a STD were more likely to live in Moldova region, to be young (15-24 years of age), and to have had sexual relations with three or more partners during the past three months.

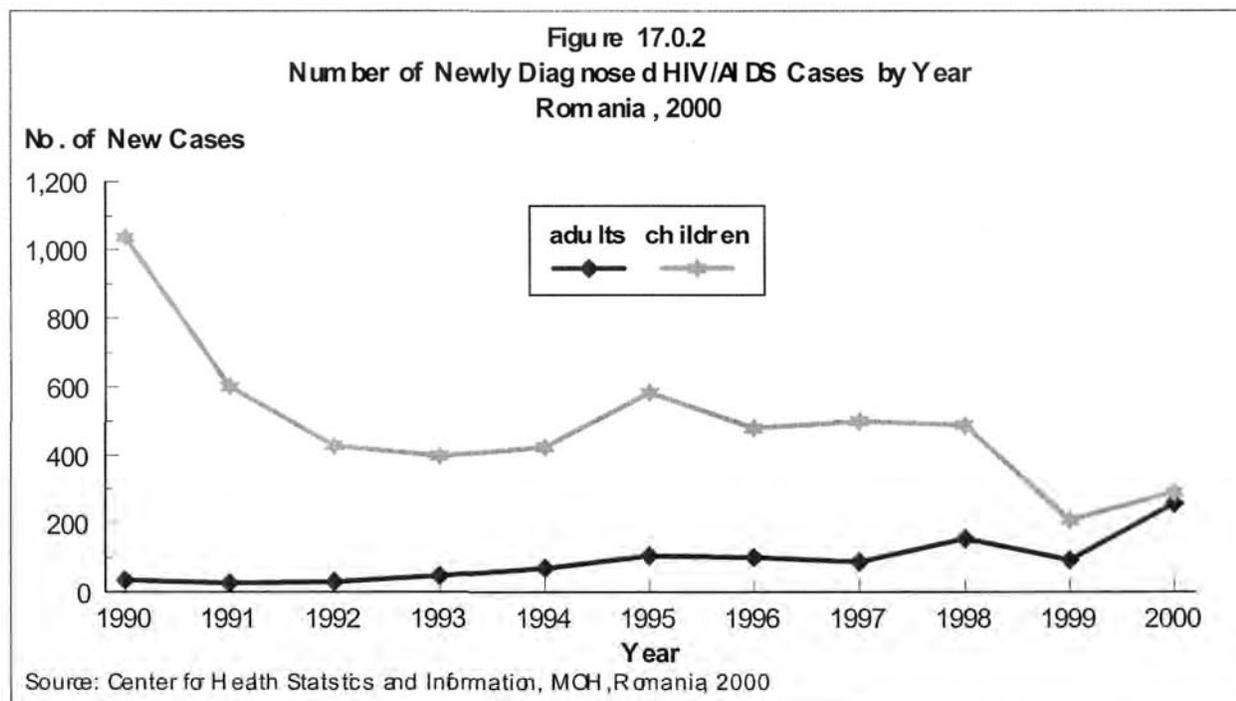
CHAPTER XVII

KNOWLEDGE OF HIV/AIDS TRANSMISSION AND PREVENTION

HIV/AIDS is a pandemic infection, cumulating 33.6 million cases until 1999, out of which the total number of new cases in 1999 was 5.6 million, representing approximately 15,000 new cases every day. A total of 570,000 children under 15 years of age were infected in 1999. Until 1999, of 16.3 million deaths (in both adults and children) caused by HIV/AIDS had been reported in the world. The number of deaths registered in 1999 was 2,6 million and one in five deaths occurred in children. Lack of a vaccine or of an entirely effective treatment make preventive measures the best possible "treatment."

Among European countries Romania occupies the first place in the number of cases in children ([Figure 17.0.1](#)). After reaching a peak in 1990, the number of new cases in children (≤ 12 years of age) was declining while the number of cases in adults was increasing ([Figure 17.0.2](#)). In Romania, the HIV/AIDS transmission in adults is mostly heterosexually, while in children is mostly nosocomially, through transfusions of unscreened blood and improper re-use of non-sterile needles and syringes.





Taking into account the magnitude, the seriousness, and the social, legal and ethical consequences associated with HIV/AIDS infection, the Ministry of Health has elaborated the National Program for HIV/AIDS Prevention and Control. The National Strategy for HIV/AIDS prevention for 2000-2003 is part of the above-mentioned program. The five main areas identified and developed in the Strategy are: the young, vulnerable groups, nosocomial infection control, health care and social support, and testing and supervision policies.

17.1 Knowledge of HIV/AIDS

In the 99RRHS, all respondents were asked if they had heard of HIV/AIDS ([Tables 17.1A](#) and [17.1B](#)). Almost 100% (99.5%) of women and men of reproductive age had heard about HIV/AIDS; there were no significant differences in the level of HIV/AIDS awareness by the selected characteristics shown in the tables. The smallest values registered were among the Roma women (97%) and among respondents with a primary school education (98%). However, universal awareness of HIV/AIDS does not reflect the detailed knowledge about the disease. To better evaluate the correct level of knowledge about AIDS, all respondents who were aware of HIV/AIDS were asked about the likelihood that the HIV/AIDS infection can be symptomless, and the specific ways of transmission and prevention for the HIV/AIDS. Only 67% of women

TABLE 17.1A
The Percentage of Women Aged 15-44 Who Have Heard of HIV/AIDS and Who Knew that HIV/AIDS Infection Could Be Asymptomatic, by Selected Characteristics
Reproductive Health Survey, Romania 1999

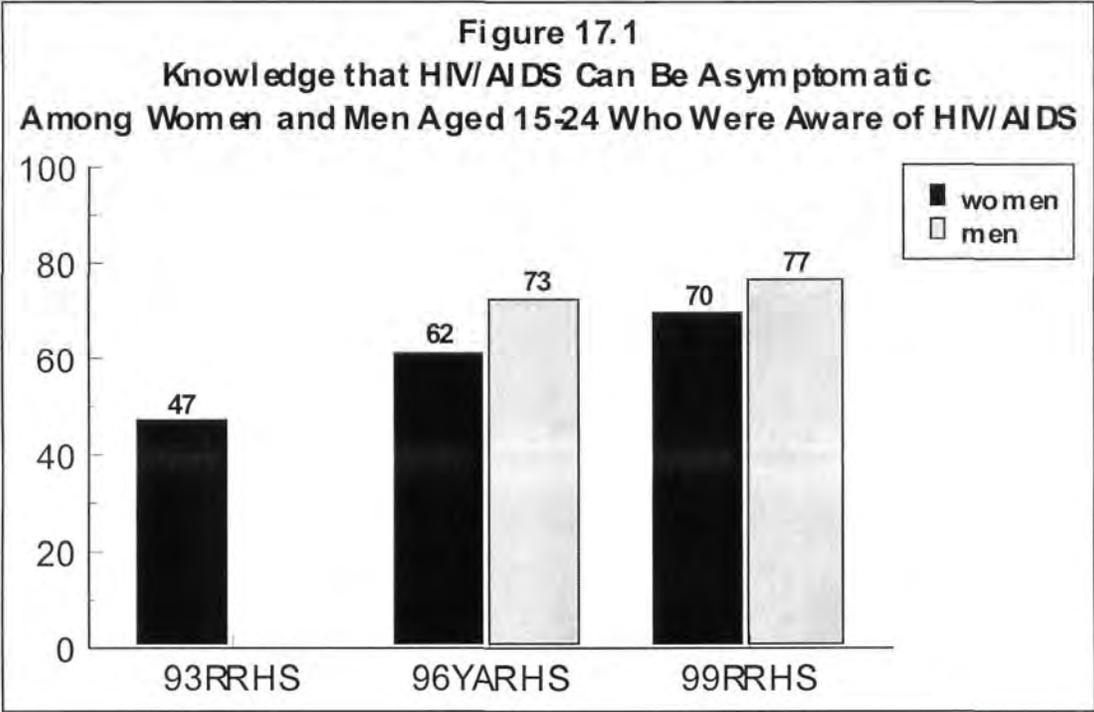
<u>Characteristic</u>	<u>Have Heard of HIV/AIDS</u>		<u>Believe that Infection Could Be Asymptomatic</u>	
	%	N	%	N
Total	99.5	6,888	66.6	6,857
<u>Residence</u>				
Urban	99.9	3,914	71.9	3,910
Rural	99.2	2,974	57.3	2,947
<u>Region</u>				
Bucharest	100.0	534	76.9	534
Vallahia	99.5	2,537	67.4	2,526
Transylvania	99.1	2,328	62.9	2,312
Moldova	99.8	1,489	65.0	1,485
<u>Pilot districts</u>				
Cluj	100.0	708	64.3	708
Constanța	99.8	728	68.9	726
Iași	99.6	647	68.2	645
<u>Age group</u>				
15-19	99.2	924	66.9	918
20-24	99.6	1,239	72.3	1,234
25-29	99.5	1,310	68.1	1,304
30-34	99.5	1,368	67.8	1,362
35-39	99.9	955	63.5	953
40-44	99.3	1,092	59.2	1,086
<u>Marital Status</u>				
Married or in Union	99.4	4,846	63.2	4,823
Previously Married	99.5	476	68.5	473
Never Married	99.6	1,566	73.7	1,561
<u>Education</u>				
Primary or less	97.7	1,210	49.9	1,185
Secondary Incomplete	99.8	2,524	59.0	2,520
Secondary complete	99.9	2,087	73.1	2,086
Post-Secondary	99.9	1,067	87.5	1,066
<u>Socio-economic Status</u>				
Low	98.6	2,328	52.3	2,355
Middle	99.8	3,076	69.2	3,072
High	100.0	1,430	79.2	1,430
<u>Sexual Experience</u>				
Not sexually experienced				
Sexually experienced	99.4	998	69.6	993
	99.5	5,890	65.8	5,864
<u>Ethnicity</u>				
Romanian	99.8	6,004	67.8	5,990
Hungarian	98.1	442	63.8	436
Roma	96.5	346	50.2	336
Other	99.1	96	62.2	95

TABLE 17.1B
The Percentage of Men Aged 15-49 Who Have Heard of HIV/AIDS and Who Knew that
HIV/AIDS Infection Could Be Asymptomatic, By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Have Heard of HIV/AIDS</u>		<u>Believe that Infection Could Be Asymptomatic</u>	
	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>
Total	99.5	2,434	72.0	2,422
<u>Residence</u>				
Urban	99.7	1,342	76.4	1,338
Rural	99.2	1,092	65.7	1,084
<u>Region</u>				
Bucharest	98.2	223	78.4	220
Vallahia	99.8	839	72.2	837
Transylvania	99.6	940	69.4	935
Moldova	99.5	432	73.3	430
<u>Age group</u>				
15-19	99.1	311	75.8	309
20-24	99.7	320	78.0	319
25-29	99.5	386	74.4	385
30-34	99.6	389	74.7	387
35-39	99.5	304	72.9	302
40-44	99.4	295	66.2	293
45-49	99.7	429	59.9	427
<u>Marital Status</u>				
Married or in Union	99.6	1,595	69.5	1,588
Previously Married	100.0	95	70.4	95
Never Married	99.2	744	76.4	739
<u>Education</u>				
Primary or less	97.8	324	53.0	318
Secondary Incomplete	99.6	1,115	68.1	1,110
Secondary complete	99.9	578	79.8	577
Post-Secondary	100.0	417	87.1	417
<u>Socio-economic Status</u>				
Low	98.3	93	60.5	682
Middle	99.9	1,130	72.5	1,129
High	100.0	611	83.4	611
<u>Sexual Experience</u>				
Not sexually experienced	97.3	192	71.9	188
Sexually experienced	99.7	2,242	72.1	2,234
<u>Ethnicity</u>				
Romanian	99.6	2,188	72.5	2,179
Hungarian	98.1	142	67.5	139
Roma	100.0	79	62.1	79
Other	100.0	25	65.9	25

and 72% of men who have heard about the disease knew that the disease could be asymptomatic. Answers for this question were positively associated with education and SES levels; women and men of reproductive age with a primary school education (50% and 53%) and those with a low SES (52% and 60%) had less knowledge than those with a post-secondary education (79% and 88%) and those with high SES (79% and 83%). Respondents living in rural areas (57% and 66%) or outside the capital, Bucharest, and Roma respondents (50% and 62%) had the lowest levels of knowledge about HIV/AIDS being asymptomatic.

However, between 1993 and 1999, the knowledge about the possibility of HIV infection to be asymptomatic increased from 47% to 67% among all women and from 47% to 70% among women aged 15-24 years. The trend of increased knowledge among women was already visible in the 96YARHS compared to 93RRHS (62% vs. 45%). The knowledge among young men had increased slightly between 1996 and 1999, from 75% to 77% (Figure 17.1).



17.2 Knowledge of HIV/AIDS Transmission

In relation to the knowledge of AIDS transmission, the respondents were asked to agree or disagree with 13 statements. [Table 17.2.1A](#) shows the proportions of respondents who did not know specific means of AIDS transmission. The least known mean of AIDS transmission was homosexual intercourse (26%). The other mechanisms of spreading the disease that were unknown is as follows: vertical transmission from mother to baby (9%), blood transfusion (7%), using non-sterile needles (4%) and heterosexual intercourse (3%).

Overall, lack of information about all these possible means of transmission were more common among the rural population, those with less than high school graduation, persons with low socioeconomic status and, Roma. The proportions registered in the above mentioned subgroups were above the average value for every evaluated mean of transmission. Compared to the 93RRHS, the level of knowledge has increased, except for the knowledge of homosexual transmission that has remained almost the same, the proportions of those who had no knowledge of the other means of transmission have been reduced by 50%.

Since this was the first national survey to include men 15-49, they were also asked to agree or disagree with statements on the means of HIV/AIDS transmission. The statements included both specific means of transmission and other means that in fact cannot cause HIV infection but could be considered as potential ways of transmission by a misinformed population. [Table 17.2.1B](#) shows the percentage of men who did not know the possible means of HIV transmission. As with the women, the least known transmission was homosexual intercourse, 22% of men did not identify it as specific mode of HIV infection transmission. The other means were unknown by various degrees, as follows: vertical transmission from mother to baby (11%), blood transfusion (4%), using non-sterile needles (3%) and heterosexual intercourse (1%). The same hierarchy was found for women, only the proportions were slightly lower ([Table 17.2.1 A](#)).

Women that had misinformation on AIDS transmission and identified erroneously the following means of transmission: are shown in [Table 17.2.2](#) by selected characteristics. The most common misperceptions were that HIV/AIDS transmission was likely by: donating blood (77%), mosquito bites (33%), using public bathrooms (30%), kissing on the mouth (29%), using objects of an infected person (24%), and shaking hands (7%). Misperceptions of HIV transmission reflect that lack of knowledge was more prevalent among certain population subgroups: rural residents, primary school graduates, population with low socioeconomic level, and Roma. Lack of knowledge about the risk of infection through blood donating was striking,

TABLE 17.2.1A
Percentage of Women Aged 15–44 Who Did Not Know the Means of HIV/AIDS Transmission,
by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Heterosexual Intercourse</u>	<u>Non-sterile Needles</u>	<u>Blood Transfusion</u>	<u>Mother to Baby</u>	<u>Homosexual Intercourse</u>	<u>Unweighted No. of Cases</u>
Total	2.5	4.1	6.6	8.7	26.3	6,857
Residence	1.4	2.0	3.7	6.7	18.2	3,910
Urban	4.6	7.6	11.7	12.1	40.3	2,947
Rural						
Region	0.5	1.9	2.1	6.9	15.5	534
Bucharest	2.7	4.0	6.9	9.4	29.4	2,526
Vallahia	2.7	4.6	7.7	7.8	23.9	2,312
Transylvania	3.2	4.6	7.1	10.2	31.3	1,485
Moldova						
Pilot districts	0.7	3.1	4.5	5.0	18.1	708
Cluj	2.3	2.4	5.2	6.7	20.1	726
Constanța	3.9	4.6	10.3	11.0	33.4	645
Iași						
Age group	3.7	6.5	8.9	9.9	35.7	918
15–19	1.6	3.9	6.5	8.1	26.0	1,234
20–24	2.0	2.7	6.1	8.6	23.8	1,304
25–29	1.8	2.5	4.2	6.7	22.0	1,362
30–34	1.8	4.4	6.1	9.1	23.8	953
35–39	4.3	4.3	7.8	9.9	25.6	1,086
40–44						
Marital Status	2.6	4.1	6.9	8.5	26.5	4,823
Married or in Union	2.5	3.5	7.1	13.3	25.3	473
Previously Married	2.4	4.0	5.9	8.1	26.1	1,561
Never Married						
Education	7.5	10.7	16.7	16.4	40.2	1,185
Primary or less	2.5	4.5	7.6	9.7	32.7	2,520
Secondary Incomplete	1.1	1.8	3.2	5.6	20.4	2,086
Secondary Complete	0.2	0.5	0.7	4.0	9.1	1,066
Post-Secondary						
Socio-economic Status	5.7	9.2	14.2	14.4	41.1	2,355
Low	1.4	2.2	4.0	6.8	23.2	3,072
Middle	0.6	0.9	1.7	4.9	12.5	1,430
High						
Sexual experience						
Not sexually experienced	3.5	5.2	7.3	9.4	31.2	993
Sexually experienced	2.3	3.7	6.5	8.5	25.2	5,864
Ethnicity						
Romanian	2.1	3.5	5.9	8.3	26.5	5,990
Hungarian	3.9	5.2	10.0	7.8	18.2	436
Roma	7.9	11.5	14.5	16.6	33.0	336
Other	3.6	6.8	10.4	9.8	19.7	95

TABLE 17.2.1B
Percentage of Men Aged 15-49 Who Did Not Know the Means of HIV/AIDS Transmission,
by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Heterosexual Intercourse</u>	<u>Non-sterile Needles</u>	<u>Blood Transfusion</u>	<u>Mother to Baby</u>	<u>Homosexual Intercourse</u>	<u>No. of Cases</u>
Total	1.3	3.2	4.3	10.7	22.0	2,422
Residence						
Urban	0.7	1.7	1.8	9.0	18.2	1,338
Rural	2.3	5.4	8.0	13.1	27.4	1,084
Region						
Bucharest	1.5	4.0	3.4	15.7	12.9	220
Vallahia	1.7	3.1	4.0	10.4	24.3	837
Transylvania	0.8	2.5	3.7	10.5	18.9	935
Moldova	1.4	4.4	6.6	9.1	28.0	430
Age group						
15-19	2.2	6.4	6.7	12.2	27.4	309
20-24	0.6	3.0	2.7	11.6	20.4	319
25-29	1.8	2.0	4.5	9.4	19.4	385
30-34	1.5	3.2	3.9	7.6	19.8	387
35-39	0.5	1.8	2.3	8.5	20.0	302
40-44	0.9	3.2	5.4	11.5	22.6	293
45-49	1.7	2.6	4.7	13.8	24.2	427
Marital Status						
Married or in Union	1.2	2.7	3.7	10.1	22.1	1,588
Previously Married	3.5	4.9	10.1	18.4	22.4	95
Never Married	1.3	3.9	4.7	11.0	21.8	739
Education						
Primary or less	4.6	13.0	12.9	20.3	37.4	318
Secondary Incomplete	1.4	2.7	5.1	11.7	25.8	1,110
Secondary Complete	0.1	0.6	0.5	6.9	15.4	577
Post-Secondary	0.2	0.4	0.8	5.6	8.3	417
Socio-economic Status						
Low	2.8	7.2	10.7	14.0	32.6	682
Middle	1.1	2.1	2.7	9.8	21.9	1,129
High	0.2	1.1	0.6	9.0	10.9	611
Sexual experience						
Not sexually experienced	3.1	7.0	8.7	13.2	27.2	188
Sexually experienced	1.1	2.8	3.9	10.4	21.4	2,234
Ethnicity						
Romanian	1.0	2.7	3.8	10.4	21.9	2,179
Hungarian	2.0	7.2	10.0	15.8	18.0	139
Roma	8.0	9.3	8.5	14.1	27.9	79
Other	0.0	4.7	4.7	2.8	27.9	25

as 77% of women, regardless of demographic characteristics, considered that donating blood was a risk factor for HIV/AIDS.

Many respondents believed that HIV transmission was common in nail parlors, barbershops and also by dental treatments. Although these are not generally considered means of transmission, 61% of women and 69% of men considered them associated with HIV transmission (data not shown). These proportions increased with the increase of socioeconomic status and were higher in urban residents; these beliefs share a common fear that sharp instruments contaminated with blood from an infected person are reused without proper sterilization. The same high proportions were found in the previous two surveys. This demonstrates the difficulties in changing the mentality of a population exposed to the risk of nosocomial transmission in the past.

Awareness of HIV transmission by heterosexual intercourse (the main mean of transmission in Romania) and using non-sterile instruments could be a starting point for health education actions designed to change people behavior and health workers behavior too. Overall, the 99RRHS findings showed an increase in the knowledge of HIV transmission, but certain population subgroups—rural residents, those with low education and low SES, Roma—continued to be less informed and potentially exposed to a higher risk of infection. Education campaigns should be targeted to these subgroups, adapting communication methods to their perception level. The increase of knowledge in young population between 1993-1996 could be an argument in favor of this intervention. Besides a high interest and a good receptivity in young population, a great contribution to this improvement of knowledge was brought by the education campaigns attained in schools.

Percentages of men who have misperceptions of HIV/AIDS means of transmission are presented in [Table 17.2.2B](#). As shown, 79% of men (4 of every 5 men) considered that donating blood is a risk factor and 38% of men (2 of every 5 men) thought that the disease could be spread by mosquito bites. As with women, other misperceptions of HIV transmission were: kissing (40%), using public baths (27%), sharing objects with an infected person (25%), shaking hands (8%). Levels reported by men were strikingly similar to the levels reported by women. The percentages reported by male subgroups were also comparable with those found in women. The least informed subgroups were rural residents, men with low education and low SES. More men aged 45-49 generally had misconceptions about HIV transmission. Thus, the misinformation about HIV/AIDS transmission among the reproductive age population represents a serious challenge to information/education programs.

TABLE 17.2.2A
Percentage of Women Aged 15-44 With Misinformation about HIV/AIDS Transmission,
by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Shaking Hands</u>	<u>Sharing Objects</u>	<u>Using Public Baths</u>	<u>Kissing</u>	<u>Mosquito Bites</u>	<u>Donating Blood</u>	<u>No. of Cases</u>
Total	7.2	23.6	28.8	30.3	33.1	76.6	6,857
Residence							
Urban	4.6	18.7	25.3	26.2	32.1	77.7	3,910
Rural	11.7	32.1	34.9	37.5	34.8	74.8	2,947
Region							
Bucharest	6.2	17.8	27.9	27.4	29.5	76.7	534
Vallahia	6.4	24.1	28.1	30.0	34.5	78.0	2,526
Transylvania	7.4	23.9	28.4	28.9	33.4	76.1	2,312
Moldova	8.7	25.6	31.5	35.1	32.0	74.8	1,485
Pilot districts							
Cluj	4.6	16.3	23.9	26.9	35.0	80.2	708
Constanța	5.9	17.4	20.9	25.4	30.3	77.1	726
Iași	7.2	27.6	34.3	30.5	26.3	70.9	645
Age group							
15-19	5.3	27.1	26.4	30.3	31.7	75.7	918
20-24	7.1	20.7	24.4	27.3	27.4	76.4	1,234
25-29	6.7	22.6	28.3	27.7	30.8	76.9	1,304
30-34	6.4	18.5	25.5	25.0	32.8	78.5	1,362
35-39	7.7	25.4	33.4	34.3	39.6	77.1	953
40-44	9.8	27.8	38.2	38.2	38.4	75.2	1,086
Marital Status							
Married or in Union	8.2	25.1	31.6	32.7	35.1	76.9	4,823
Previously Married	8.3	21.7	27.3	28.0	34.7	78.4	473
Never Married	4.5	20.7	22.9	25.3	28.2	75.6	1,561
Education							
Primary or less	17.0	41.5	42.2	47.5	43.0	71.0	1,185
Secondary Incomplete	8.2	26.6	30.5	34.2	36.5	79.2	2,520
Secondary Complete	3.8	17.5	23.9	23.2	31.1	79.3	2,086
Post-Secondary	1.1	10.2	20.2	17.5	19.6	71.9	1,066
Socio-economic Status							
Low	13.5	35.3	37.0	40.0	36.4	72.7	2,355
Middle	5.1	21.2	26.5	29.0	33.5	78.9	3,072
High	2.7	12.9	22.5	20.1	28.1	77.4	1,430
Sexual experience							
Not sexually experienced	4.3	24.0	24.0	27.5	29.4	75.6	993
Sexually experienced	7.8	29.9	29.9	30.9	33.9	76.8	5,864
Ethnicity							
Romanian	6.4	22.2	27.9	29.6	32.8	76.8	5,990
Hungarian	8.1	28.2	32.8	28.0	30.4	76.4	436
Roma	17.4	39.9	36.6	43.6	41.2	74.8	336
Other	11.0	34.8	44.4	33.8	30.5	74.9	95

TABLE 17.2.2B
The Percentage of Men Aged 15-49 With Misinformation about HIV/AIDS Transmission,
By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Shaking Hands</u>	<u>Sharing Objects</u>	<u>Using Public Baths</u>	<u>Kissing</u>	<u>Mosquito Bites</u>	<u>Donating Blood</u>	<u>No. of Cases</u>
Total	7.6	24.7	27.9	31.6	38.3	79.1	2,422
Residence	5.7	19.0	22.2	27.0	35.6	79.6	1,338
Urban	10.4	33.0	36.2	38.2	42.2	78.5	1,084
Rural							
Region	4.9	26.9	26.5	34.7	31.7	79.0	220
Bucharest	8.0	23.6	27.4	31.3	39.7	79.7	837
Vallahia	6.6	22.2	25.8	29.3	38.7	79.0	935
Transylvania	10.1	30.1	33.4	34.6	38.5	78.4	430
Moldova							
Age group							
15-19	3.9	25.5	25.2	30.9	36.2	74.3	309
20-24	5.7	20.9	23.0	26.0	31.4	84.8	319
25-29	6.5	20.7	21.3	26.5	37.4	81.5	385
30-34	5.7	23.4	26.4	31.9	39.5	77.7	387
35-39	9.9	24.8	28.7	32.2	38.5	80.8	302
40-44	9.5	25.2	35.3	36.3	40.4	76.5	293
45-49	13.7	34.4	38.4	39.7	47.1	77.1	427
Marital Status							
Married or in Union	8.9	25.3	29.4	33.4	21.3	78.4	1,588
Previously Married	6.2	33.9	41.3	34.9	28.8	84.3	95
Never Married	5.7	22.8	24.2	28.2	34.3	79.8	739
Education							
Primary or less	17.8	43.9	49.2	50.8	46.9	70.7	318
Secondary Incomplete	8.0	30.0	30.0	35.0	41.2	80.2	1,110
Secondary Complete	4.0	13.8	20.1	23.2	34.6	83.8	577
Post-Secondary	3.5	10.4	16.2	18.7	28.7	76.7	417
Socio-economic Status							
Low	13.9	40.9	40.8	46.0	43.7	78.0	682
Middle	6.4	21.0	25.9	28.6	38.0	79.7	1,129
High	3.2	14.6	18.1	22.0	33.1	79.3	611
Sexual experience							
Not sexually experienced	7.8	33.9	32.2	42.0	38.5	70.8	188
Sexually experienced	7.6	23.7	27.5	30.5	38.3	80.0	2,234
Ethnicity							
Romanian	7.8	24.9	27.6	31.9	38.6	79.8	2,179
Hungarian	6.1	23.9	26.9	25.5	26.6	70.9	139
Roma	7.2	25.5	34.0	34.3	46.0	74.5	79
Other	4.7	11.7	44.4	27.1	46.7	81.3	25

17.3 Knowledge of HIV/AIDS Prevention

Another area of interest was the level of knowledge about the means of HIV prevention. Respondents were asked to name all possible means of HIV/AIDS prevention in a two-step question. Those who spontaneously answered a correct prevention measure were recorded as having "spontaneous" knowledge about that measure. In the second stage, respondents were asked about the means of prevention that they did not mention spontaneously and were classified as having "probed" knowledge. Spontaneous answers that were not already precoded into the survey questionnaire were also recorded as open-ended (they are marked with * in the tables).

One in two women spontaneously mentioned "using condoms", one in four mentioned "avoiding sex with unknown partners" and one in five believed that "using sterile needles" and "being monogamous" would be possible means of preventing HIV transmission. Although prostitutes were recognized as the group with the highest risk of contracting the disease, "avoiding sex with prostitutes" was spontaneously mentioned by only 7% of respondents. However, after probing, only 7% of women did not consider avoiding sex with prostitutes as a possible mean of preventing HIV/AIDS transmission. One in three women did not consider "avoiding injections" as a means of prevention and one in six women did not agree with "asking the partner to be tested for HIV."

Men's level of knowledge on the means of HIV prevention was investigated using the same procedure ([Table 17.3.1B](#)). Almost two in three men spontaneously mentioned "using condoms" as a mean of prevention. It is noticeable that even after probing, 7% of men did not consider condoms as a mean of prevention. Approximately, one in five men spontaneously mentioned among prevention means: avoiding sex with unknown partners, using sterile needles, and being monogamous. Except for "using condoms," that registered more spontaneous answers in men, men and women's perceptions about the above mentioned prevention strategies were similar. However, twice as many men than women spontaneously specified "avoiding sex with prostitutes". Spontaneous answers without a precoded option in the questionnaire were: personal hygiene, the use of a modern contraceptive method others than condom, preventive medical check-ups, and abstaining from sexual intercourse.

[Table 17.3.2A](#) shows the proportion of women who spontaneously mentioned means of preventing HIV/AIDS transmission by selected characteristics. In general, rural residents, women with a primary education, and those with a low SES mentioned in smaller proportions possible means of preventing the disease. The highest proportions of respondents who

TABLE 17.3.1A
Percentage of Women Who Have Heard about HIV/AIDS and Mentioned Possible Means of Preventing HIV/AIDS Transmission Spontaneously and After Probing Reproductive Health Survey, Romania 1999

<u>Possible Mean</u>	<u>Mentioned</u>		<u>Did not Mention</u>	<u>Total</u>
	<u>Spontaneously</u>	<u>Probed</u>		
Using condoms	52.4	38.2	9.4	100.0
Avoiding sex with unknown partners	25.0	69.5	5.5	100.0
Using sterile needles	22.1	71.7	6.2	100.0
Being monogamous	20.0	66.9	13.1	100.0
Avoiding sex with prostitutes	7.0	86.2	6.8	100.0
Asking the partner to be tested for HIV	4.7	80.1	15.2	100.0
Avoiding injections	3.2	60.5	36.3	100.0
Avoiding bisexual relations	1.2	82.4	16.4	100.0
Personal hygiene	1.5	*	*	
Using contraceptives (others than condoms)	1.3	*	*	
Periodical medical controls	0.9	*	*	
Abstaining from sexual intercourse	0.5	*	*	
Other	2.1	*	*	

TABLE 17.3.1B
Percentage of Men Who Have Heard about HIV/AIDS who Mentioned Possible Means of Preventing HIV/AIDS Transmission Spontaneously and after Probing Reproductive Health Survey, Romania 1999

<u>Possible Means</u>	<u>Mentioned</u>		<u>Did not Mention</u>	<u>Total</u>
	<u>Spontaneously</u>	<u>Probed</u>		
Using condoms	63.0	29.7	7.3	100.0
Avoiding sex with unknown partners	21.6	69.6	8.8	100.0
Using sterile needles	21.2	72.4	6.4	100.0
Being monogamous	18.1	69.1	12.8	100.0
Avoiding sex with prostitutes	15.5	76.4	8.1	100.0
Avoiding injections	4.8	65.8	29.4	100.0
Asking the partner to be tested for HIV	3.1	77.9	19.0	100.0
Personal hygiene	1.7	76.7	21.6	100.0
Using contraceptives (other than condoms)	1.2	*	*	
Abstaining from sexual intercourse	1.0	*	*	
Other	0.4	*	*	

spontaneously mentioned means of prevention were registered among women with high school or post high school education, urban residents, and women in Bucharest and Cluj. There were differences in the spontaneous mention of prevention categories by age group. Younger women (aged 20-24 years) were more likely to mention "using condoms" while women aged 35-44 were more likely to mention "avoiding sex with unknown partners", "being monogamous," and "avoiding sex with prostitutes." These differences may be explained by differences in access and receptivity to information, lifestyle, and group influences, as younger women tend to be single and older women married.

[Table 17.3.3A](#) shows the proportion of women who did not agree that specific means of preventing HIV/AIDS transmission could reduce the risk of contracting the disease even after probing. Regarding selected characteristics, there were differences in the level of knowledge; less knowledge among young women (aged 15-19 years), for sterile needles and avoiding bisexual relations. Except for being monogamous, rural women who less likely to know means of prevention. The lowest knowledge was registered in women with primary school only.

Besides the differences among the categories of the same characteristic, there were differences within categories as regards the perception of safeness offered by the specific means. While women with low education socioeconomic levels considered "avoiding sex with unknown partners," "being monogamous," and "using condoms" as the best means of risk reduction, post high school graduates and women with high socioeconomic level considered mainly "using sterile needles," "using condoms," and "avoiding sex with unknown partners."

Men spontaneously identified the condom as the principal means of preventing HIV/AIDS transmission (63%) ([Table 17.3.2B](#)). The highest proportions were registered in young men aged 15-24, urban residents, high school graduates, those with high socioeconomic level and never married men. These are probably the subgroups with more access to information campaigns and mass media. Compared with the 96YARHS, in the 99RRHS 10% more young men aged 15-24 (63%) spontaneously mentioned condoms as a means of preventing HIV transmission. One in five men mentioned avoiding sex with unknown partners, using sterile needles or being monogamous and one in seven mentioned avoiding sex with prostitutes. After probing, respondents who did not know prevention strategies are presented in [Table 17.3.3B](#). Only a small proportion of men did not consider condoms a means of protection (7%). Within specific subgroups this proportion was even smaller (3% among men with complete high school or higher education and men aged 20-24). Primary school graduates, men with low socioeconomic status, and Roma men could constitute target groups for educational campaigns.

TABLE 17.3.2A
Percentage of Women Who Heard of HIV/AIDS Who Spontaneously Mentioned Possible Means of Preventing HIV/AIDS Transmission, by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Using Condom</u>	<u>Avoiding Sex With Unknown Partners</u>	<u>Using Sterile Needles</u>	<u>Being Monogamous</u>	<u>Avoiding Sex with Prostitutes</u>	<u>Asking the Partner to Be Tested for HIV</u>	<u>Avoiding Injections</u>	<u>No. of Cases</u>
Total	52.4	25.0	22.1	20.0	7.0	4.7	3.2	6,857
Residence								
Urban	61.8	26.0	25.4	20.2	7.5	5.4	3.3	3,910
Rural	36.1	23.4	16.4	19.6	6.2	3.6	3.0	2,947
Region								
Bucharest	64.6	25.3	25.4	21.6	9.8	6.2	7.2	534
Vallahia	51.7	26.6	19.6	17.9	7.0	4.7	3.4	2,526
Transylvania	49.7	24.3	20.7	20.3	5.1	4.4	2.4	2,312
Moldova	51.1	23.1	27.3	22.3	8.8	4.5	1.8	1,485
Pilot districts								
Cluj	66.3	22.0	32.5	23.7	10.0	5.1	2.4	708
Constanța	58.4	26.0	18.3	15.0	4.0	7.4	3.7	726
Iași	45.1	24.7	20.7	16.7	8.9	4.3	2.7	645
Age group								
15-19	53.7	17.1	19.6	8.2	3.6	6.1	2.3	918
20-24	60.8	19.3	20.8	14.7	5.6	5.2	2.4	1,234
25-29	52.7	25.5	23.4	21.6	9.2	4.0	3.7	1,304
30-34	54.9	26.1	24.0	25.4	6.9	4.7	3.1	1,362
35-39	46.9	33.3	26.1	28.0	9.1	4.2	3.3	953
40-44	43.3	30.1	19.7	24.6	8.3	4.1	2.6	1,086
Marital Status								
Married or in Union								
Previously Married	48.3	26.4	21.4	23.8	7.3	3.7	2.8	4,823
Never Married	50.0	30.6	20.5	19.8	8.7	5.1	2.9	473
Total	62.3	18.1	24.2	11.3	6.0	6.9	2.9	1,561
Education								
Primary or less	25.6	17.9	9.6	17.4	4.0	2.7	1.7	1,185
Secondary Incomplete	46.5	23.2	17.2	17.7	6.2	4.1	2.6	2,520
Secondary complete	62.0	28.0	27.0	22.1	8.2	5.7	3.2	2,086
Post-Secondary	74.7	30.5	36.3	23.5	9.8	6.4	6.0	1,066
Socio-economic Status								
Low	31.7	22.4	12.7	19.2	5.8	3.2	1.9	2,355
Middle	56.7	25.1	23.8	20.2	6.5	4.9	3.3	3,072
High	71.2	28.1	31.1	20.6	9.7	6.4	4.7	1,430
Sexual Experience								
Not experienced	55.9	17.8	23.5	10.1	5.9	6.3	3.3	993
Sexually experienced	51.7	26.6	21.8	22.2	7.3	4.4	3.2	5,864
Ethnicity								
Romanian	53.9	25.3	23.2	20.1	7.2	4.7	3.5	5,990
Hungarian	47.3	22.8	17.3	19.9	6.2	2.8	1.4	436
Roma	34.1	22.4	11.3	18.5	5.8	6.5	1.1	336
Other	47.9	25.9	41.2	18.6	5.3	9.2	2.3	95

TABLE 17.3.2B
Percentage of Men Who Heard of HIV/AIDS Who Spontaneously Mentioned Possible Means of Preventing HIV/AIDS Transmission, By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Using Condom</u>	<u>Avoiding Sex With Unknown Partners</u>	<u>Using Sterile Needles</u>	<u>Being Monogamous</u>	<u>Avoiding Sex with Prostitutes</u>	<u>Avoiding Injections</u>	<u>Asking the Partner to Be Tested for HIV</u>	<u>No. of Cases</u>
Total	63.0	21.6	21.2	18.1	15.4	4.9	3.0	2,422
Residence								
Urban	70.9	22.1	24.6	19.3	16.7	5.7	3.2	1,338
Rural	51.6	20.9	16.2	16.3	13.8	3.7	2.8	1,084
Region								
Bucharest	74.6	19.7	26.6	20.7	23.0	10.1	4.7	220
Vallahia	62.7	21.3	21.8	17.3	17.1	4.7	3.3	837
Transylvania	61.2	22.3	21.0	19.5	13.5	4.6	3.5	935
Moldova	60.6	22.0	17.5	15.7	12.5	2.9	0.8	430
Age group								
15-19	74.1	10.1	17.7	6.3	9.9	4.3	2.8	309
20-24	75.0	17.2	16.5	9.2	13.2	3.3	3.3	319
25-29	62.0	20.7	22.1	16.3	17.4	5.1	2.9	385
30-34	65.1	25.1	24.3	21.6	15.8	4.6	3.3	387
35-39	56.3	23.6	25.9	24.6	14.4	3.6	1.1	302
40-44	58.8	29.4	23.0	24.2	16.5	5.7	3.4	293
45-49	44.1	27.7	20.7	29.1	22.9	7.9	4.2	427
Marital Status								
Married or in Union	58.0	25.5	23.4	23.5	17.8	5.4	2.8	1,588
Previously Married	52.6	23.4	15.7	12.6	9.3	3.0	0.9	95
Never Married	72.2	15.1	18.1	9.7	12.4	4.3	3.7	739
Education								
Primary or less	39.5	13.8	6.5	11.2	10.3	1.7	1.9	318
Secondary Incomplete	59.0	19.1	16.6	17.0	14.0	4.3	2.5	1,110
Secondary Complete	74.4	25.1	28.7	17.6	16.9	6.2	3.8	577
Post-Secondary	76.6	29.7	34.8	26.8	21.8	7.2	4.4	417
Socio-economic Status								
Low	42.0	20.1	11.4	16.5	13.2	3.7	2.1	682
Middle	68.8	20.5	22.5	17.5	15.9	5.1	3.1	1,129
High	74.7	25.1	29.1	20.7	17.5	5.6	3.5	611
Sexual experience								
Not sexually experienced	60.7	10.8	14.2	7.5	10.1	4.0	1.0	188
Sexually experienced	63.3	22.7	21.9	19.2	16.1	5.0	3.3	2,234
Ethnicity								
Romanian	63.2	22.0	21.2	17.5	16.1	4.9	3.0	2,179
Hungarian	59.9	21.2	18.4	23.7	6.8	4.7	5.8	139
Roma	60.5	16.9	17.7	24.3	16.3	6.1	2.0	79
Other	74.6	5.2	41.1	16.2	13.0	3.8	0.0	25

TABLE 17.3.3A
Percentage of Women Who Heard of HIV/AIDS Who Do Not Know Possible Means of Preventing
HIV/AIDS Transmission, by Selected Characteristics
Reproductive Health Survey, Romania 1999

Characteristic	Avoiding Sex with Unknown Partners	Using Sterile Needles	Avoiding Sex with Prostitutes	Using Condom	Being Monogamous	Asking a Partner to Be Tested for HIV	Avoiding Bisexual Relations	Avoiding Injections	No. of Cases
Total	5.5	6.2	6.8	9.4	13.1	15.2	16.4	36.3	6,857
Residence									
Urban	4.0	3.2	4.9	5.2	13.8	14.1	11.8	37.4	3,910
Rural	8.2	11.5	10.3	16.8	11.8	17.0	24.5	34.3	2,947
Region									
Bucharest	3.4	4.0	5.9	7.4	16.4	16.4	10.8	37.6	534
Vallahia	6.6	6.7	7.0	9.5	13.4	15.6	17.6	36.6	2,526
Transylvania	5.6	6.3	7.6	9.6	12.6	14.8	17.7	33.7	2,312
Moldova	4.6	6.7	5.7	10.2	11.3	14.2	15.3	39.3	1,485
Pilot districts									
Cluj	3.8	3.0	3.4	5.2	12.3	15.1	12.2	30.2	708
Constanța	7.0	5.7	7.8	6.5	14.3	13.9	11.2	31.8	726
Iași	5.7	9.1	7.5	14.7	14.9	15.1	15.5	41.4	645
Age group									
15–19	7.8	12.2	8.4	9.3	20.1	12.0	25.1	36.3	918
20–24	6.6	6.3	6.6	6.1	16.3	13.8	15.6	37.0	1,234
25–29	5.3	4.9	6.7	10.3	11.1	16.7	16.1	34.5	1,304
30–34	3.0	2.9	4.5	7.9	10.4	15.3	11.0	37.8	1,362
35–39	5.0	5.3	7.6	11.2	10.1	15.3	15.2	39.3	953
40–44	4.9	5.6	7.2	12.5	9.7	18.0	15.0	33.3	1,086
Marital Status									
Married or in Union	4.9	5.4	6.6	10.5	10.2	16.1	15.4	35.0	4,823
Previously Married	7.7	7.3	10.0	11.3	14.5	19.0	18.6	38.2	473
Never Married	6.3	7.8	6.6	6.5	19.2	12.0	18.0	38.8	1,561
Education									
Primary or less	13.8	18.7	15.8	23.8	13.3	22.5	34.5	33.9	1,185
Secondary Incomplete	5.3	6.2	6.5	9.5	11.7	11.9	16.7	29.7	2,520
Secondary complete	3.4	2.1	4.0	5.6	12.3	14.0	10.9	37.8	2,086
Post-secondary	1.7	1.4	3.6	1.7	17.3	16.8	7.5	49.9	1,066
Socio-economic Status									
Low	10.4	14.6	12.8	19.2	12.1	18.6	29.0	34.6	2,355
Middle	3.3	3.0	3.9	6.2	12.2	12.3	11.7	35.0	3,072
High	3.5	1.6	4.7	2.8	16.1	16.0	8.9	40.9	1,430
Sexual activity									
Not sexually experienced	7.3	10.5	7.9	9.1	19.7	10.8	21.3	38.4	993
Sexually experienced	5.1	5.3	6.6	9.5	11.6	16.1	15.3	35.8	5,864
Ethnicity									
Romanian	4.8	5.5	6.0	8.6	13.0	14.3	15.1	36.2	5,990
Hungarian	5.6	5.2	7.4	9.5	11.1	17.2	19.3	31.5	436
Roma	16.5	19.8	19.3	23.4	16.9	27.9	35.5	42.4	336
Other	7.6	8.4	12.3	13.9	10.9	16.3	16.9	40.6	95

TABLE 17.3.3B
Percentage of Men Who Heard of HIV/AIDS Who Do Not Know Possible Means of Preventing
HIV/AIDS Transmission, By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Using Sterile Needles</u>	<u>Using Condom</u>	<u>Avoiding Sex With Prostitutes</u>	<u>Avoiding Sex With Unknown Partners</u>	<u>Being Monogamous</u>	<u>Asking the Partner to Be Tested for HIV</u>	<u>Avoiding Bisexual Relations</u>	<u>Avoiding Injections</u>	<u>No. of Cases</u>
Total	6.4	7.3	8.1	8.8	12.8	19.0	21.6	29.4	2,422
Residence	3.9	4.9	7.4	7.5	12.0	16.6	17.6	28.5	1,338
Urban	10.0	10.8	9.0	10.7	13.8	22.6	27.5	30.6	1,084
Rural									
Region	6.9	5.1	7.1	11.6	16.7	23.8	18.3	31.0	220
Bucharest	5.7	6.2	8.3	7.5	12.6	16.4	19.6	27.5	837
Vallahia	6.0	7.9	7.3	9.6	12.9	20.6	21.4	31.3	935
Transylvania	7.9	9.5	9.5	8.5	10.6	18.5	27.6	28.5	430
Moldova									
Age group	9.7	6.8	6.8	13.9	18.9	16.8	26.4	25.2	309
15-19	5.1	3.2	11.2	12.1	15.9	18.2	20.3	28.3	319
20-24	6.0	7.4	6.7	7.0	11.3	17.8	18.3	29.5	385
25-29	6.1	6.2	7.9	7.3	10.5	22.0	19.6	31.4	387
30-34	6.9	8.2	6.7	5.7	12.0	18.1	19.7	28.9	302
35-39	4.5	8.2	8.0	7.0	8.9	18.1	22.4	31.0	293
40-44	6.5	12.7	8.3	7.2	10.6	22.9	25.1	31.8	427
45-49									
Marital Status									
Married or in Union	5.6	7.7	7.5	6.7	10.4	19.3	20.4	29.9	1,588
Previously Married	9.4	14.4	15.0	11.9	16.3	23.9	28.1	26.8	95
Never Married	7.3	5.9	8.3	12.1	16.3	18.2	23.1	28.7	739
Education									
Primary or less	16.3	19.7	11.7	16.1	21.0	31.5	40.8	35.3	318
Secondary Incomplete	6.8	7.5	7.8	9.0	11.9	18.2	24.0	26.2	1,110
Secondary Complete	2.4	2.8	6.5	4.8	10.5	14.5	13.9	28.5	577
Post-Secondary	2.6	3.0	7.9	8.0	11.6	17.4	10.8	34.1	417
Socio-economic Status									
Low	12.7	14.2	10.2	13.1	15.7	26.3	33.3	32.5	682
Middle	5.0	5.3	6.6	7.3	10.5	16.2	19.6	27.8	1,129
High	2.2	3.8	8.6	7.1	13.8	16.7	13.1	28.8	611
Sexual experience									
Not experienced	13.1	10.8	9.2	16.6	20.6	17.2	30.3	26.2	188
Sexually experienced	5.6	6.9	7.9	8.0	11.9	19.2	20.7	29.7	2,234
Ethnicity									
Romanian	5.8	6.9	7.9	8.1	12.3	17.8	20.6	28.8	2,179
Hungarian	10.5	8.9	8.9	15.8	17.1	30.0	26.6	36.9	139
Roma	15.2	17.7	13.0	14.4	16.5	36.2	38.9	32.8	79
Other	2.3	2.3	2.4	11.5	11.6	12.4	21.8	22.7	25

The proportions of those who did not recognize that using condoms could be used as a prevention measure among those subgroups reached 14%-19%.

The findings for the other means related to individual behavior are as follows: one in twelve men did not identify avoiding sex with prostitutes and with unknown partners as means of prevention, and one in eight men did not consider that being monogamous would reduce the risk of contracting the disease. The highest proportion of men who did not know these means of prevention were young adults aged 15-24, men without previous sexual experience and men with low socioeconomic level.

As injections were the principal means of transmission of HIV infection in children in the past, people still are afraid of invasive medical practices. However, the population was aware that using sterile needles prevents HIV transmission, as only 6% did not consider using sterile needles a mean of preventing HIV transmission.

17.4 Beliefs about the Risk of HIV/AIDS and Self-Perceived Risk of HIV/AIDS

[Table 17.4.1 A](#) shows the perception of surveyed women related to the risk of contracting HIV/AIDS among "selected groups" of people. Risk analysis was done according to four severity categories: high risk, some risk, low risk and no risk. The highest level of risk was attributed to prostitutes (91%), followed by drug users (82%) and homosexual men (62%). For unmarried men with sexual experience and unmarried women with sexual experience a high risk was perceived by a little over one half of women. Adding the values for medium risk to those for high risk, the prostitutes occupy the highest percent risk (93%), but the percentages obtained for unmarried men and unmarried women with sexual experience will increase to near the value obtained for drug users (about 85%).

Half of women (52%-57%) considered that married men and married women had a low risk or no risk. Perception of risk among unmarried persons with sexual experience and married persons was separately evaluated. Women perceived married persons at a lower risk (33%-39%) than unmarried persons with sexual experience (83%-84%). One could argue that the risk should not be perceived according to marital status, but to the behavioral factors that could be found in both married and unmarried persons, such us: unsafe sex, multiple sexual partners, and sex with partners belonging to the risk groups.

Men's perception about the risk of contracting HIV/AIDS among selected groups is shown in [Table 17.4.1B](#). In their opinion, as with the women, prostitutes and drug users had the highest risk (91% and respectively 84%). Notably, men's opinion about the level of HIV risk according to marital status was similar with women's opinion. Most men considered that married persons have no risk or a low risk and unmarried persons with sexual experience have a high risk. Thus, most respondents, regardless of gender, correctly identified high-risk groups (known to be at higher risk, based on epidemiological studies). To achieve good outcomes in terms of declining HIV/AIDS transmission it is not enough only to inform people, but the objective should be to develop essential attitudes in people that would lead to the adoption of a safer behavior.

The assessment of the respondents self-perception of contracting HIV infection (Tables [17.4.2A](#) and [17.4.2B](#)) was made according to five answer alternatives: four severity categories (high risk, moderate risk, low risk, no risk) and a "do not know" option. More than half of the female respondents (57%) considered that they did not have any risk of getting infected (proportions varied between 62% for women in rural areas and 47% for women with post high school education). One in four women believed that had a low risk, while one in twenty-five thought that had a high risk. Compared to the 93RRHS, the self-perceived risk of getting HIV infection among women interviewed in 99RRHS increased, especially among those with low risk (from 12% to 24%). In 1993, 16% of respondents did not know what to answer, while in 1999 only 7% of respondents answered "do not know".

Table 17.4.1A
Perception of Women About the Risk of Contracting HIV/AIDS Among Selected Groups
(Percent Distribution)
Reproductive Health Survey, Romania 1999

<u>Selected Group</u>	<u>High Risk</u>	<u>Some Risk</u>	<u>Little Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	<u>Total</u>	<u>Unweighted No. of Cases</u>
Prostitutes	91.3	2.0	0.5	0.2	6.0	100.0	6,857
Drug users	82.0	2.9	0.5	0.3	14.3	100.0	6,857
Homosexual men	62.0	7.1	2.2	0.8	27.9	100.0	6,857
Unmarried men with sexual experience	55.7	28.5	6.5	0.8	8.5	100.0	6,857
Unmarried women with sexual experience	53.8	29.4	7.5	0.9	8.4	100.0	6,857
Married men	13.5	25.0	40.1	11.4	10.0	100.0	6,857
Married women	11.3	21.4	43.3	14.1	9.9	100.0	6,857

Table 17.4.1B
Perception of Men About the Risk of Contracting HIV/AIDS Among Selected Groups (Percent Distribution)
Reproductive Health Survey, Romania 1999

<u>Selected Group</u>	<u>High Risk</u>	<u>Some Risk</u>	<u>Little Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Prostitutes	91.4	2.7	0.7	0.3	4.9	100.0	2,422
Drug users	83.6	4.2	0.9	0.6	10.8	100.0	2,422
Homosexual men	62.8	10.2	4.2	1.5	21.3	100.0	2,422
Unmarried men with sexual experience	47.2	34.8	10.6	0.8	6.6	100.0	2,422
Unmarried women with sexual experience	46.9	35.5	10.2	0.9	6.6	100.0	2,422
Married men	12.3	28.4	43.5	13.8	6.0	100.0	2,422
Married women	11.4	20.6	46.7	15.1	6.2	100.0	2,422

Table 17.4.2B shows the self-perceived risk of getting infected for men, by selected characteristics. Half of men (49%) thought that they had no risk of contracting the infection. The majority of men (80%) said that they have a low risk or no risk at all. Looking at high risk and some risk taken separately, the differences between women and men were quite small: only 5% of women and 6% of men considered themselves as being at high risk and 8% of women and 10% of men believed they had some risk. Together, however, these two categories resulted in a higher proportion of men who believe that they had at least some risk (one out of six men compared to one out of eight women).

Respondents who considered themselves at risk (high, moderate, or low) were further asked why they consider themselves at risk. Of the 36% of women with self-perceived HIV risk, more than two thirds (69%) believed that the most likely source of infection would be utilization of health services (hospital, medical practice, dentist office) ([Table 17.4.3A](#)). Together with those who believed that blood transfusions (either received or potential needed in the future), almost three out of four women (72%) considered that utilization of health care services could put them at risk of contracting HIV. Only one in five woman attributed the risk of contracting HIV to her or her partner sexual behaviors ("unsafe sexual intercourse" and "distrust in partner"), although heterosexual transmission is the main determinant of adult HIV transmission in Romania. The over-estimation of health services as the most important risk factor may lead women to ignore other preventive measures. There were some differences by selected

TABLE 17.4.2A
Percent Distribution of Women Who Heard about HIV/AIDS by Self-Perceived Risk of Contracting HIV/AIDS, By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	Self Perceived Risk of Contracting HIV/AIDS					<u>No. of Cases</u>
	<u>High Risk</u>	<u>Some Risk</u>	<u>Little Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	
Total	4.4	7.8	23.7	57.2	6.9	6,857
Residence						
Urban	3.6	8.9	27.6	54.7	5.1	3,910
Rural	5.7	5.8	16.9	61.6	10.0	2,947
Region						
Bucharest	3.8	10.2	28.6	52.8	4.6	534
Vallahia	4.7	6.9	22.3	59.6	6.5	2,526
Transylvania	3.6	7.5	23.6	57.8	7.5	2,312
Moldova	5.5	8.4	23.5	54.5	8.1	1,485
Pilot districts						
Cluj	2.8	7.5	27.7	54.5	7.5	708
Constanța	5.9	7.6	23.3	56.8	6.5	726
Iași	8.8	12.7	20.5	52.1	5.8	645
Age group						
15–19	3.6	7.3	19.6	60.6	8.9	918
20–24	4.3	8.0	25.8	55.5	6.4	1,234
25–29	4.6	9.4	22.2	55.8	7.9	1,304
30–34	4.0	7.4	28.0	54.7	5.8	1,362
35–39	4.3	8.3	25.3	56.4	5.8	953
40–44	5.4	6.2	21.7	60.2	6.5	1,086
Marital Status						
Married or in Union	4.5	7.1	24.0	57.3	6.9	4,823
Previously Married	6.3	8.4	19.1	60.4	5.8	473
Never Married	3.6	9.0	24.1	56.2	7.1	1,561
Education						
Primary or less	6.8	4.9	13.3	61.5	13.5	1,185
Secondary Incomplete	5.4	6.5	19.0	61.5	7.6	2,520
Secondary complete	2.7	9.0	27.9	55.2	5.2	2,086
Post-secondary	2.8	11.1	36.7	47.4	2.0	1,066
Socio-economic Status						
Low	6.3	5.5	15.2	61.3	11.7	2,355
Middle	4.2	7.7	25.6	57.3	5.2	3,072
High	2.3	11.0	31.2	51.5	4.0	1,430
Sexual activity						
Not sexually experienced	3.4	6.1	22.4	60.4	7.8	993
Sexually experienced	4.6	8.2	24.0	56.5	6.7	5,864
Ethnicity						
Romanian	4.1	7.9	24.5	56.9	6.6	5,990
Hungarian	3.7	7.0	22.5	59.6	7.3	436
Roma	9.1	6.2	13.9	59.7	11.1	336
Other	11.1	7.9	17.8	52.4	10.8	95

Table 17.4.2B
Percent Distribution of Men Who Heard about HIV/AIDS By Self Perceived Risk of
Contracting HIV/AIDS, By Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>High Risk</u>	<u>Some Risk</u>	<u>Little Risk</u>	<u>No Risk</u>	<u>Do Not Know</u>	<u>No. of Cases</u>
Total	6.2	10.1	30.6	49.0	4.1	2,422
Residence						
Urban	5.7	12.0	34.2	45.9	2.2	1,338
Rural	6.9	7.4	25.3	53.4	7.0	1,084
Region						
Bucharest	4.4	12.0	31.2	46.7	5.8	220
Vallahia	5.4	10.4	29.8	51.1	3.4	837
Transylvania	5.6	8.8	34.4	47.4	3.8	935
Moldova	9.7	11.0	24.8	49.2	5.3	430
Age group						
15-19	7.1	13.0	31.6	40.0	8.3	309
20-24	9.8	17.5	32.4	35.7	4.5	319
25-29	6.3	11.6	33.3	45.5	3.3	385
30-34	5.1	9.4	29.7	52.7	3.2	387
35-39	4.8	6.0	34.2	52.2	2.8	302
40-44	4.6	5.4	29.4	58.4	2.2	293
45-49	4.6	4.7	22.6	63.9	4.2	427
Marital Status						
Married or in Union	5.1	6.3	28.8	56.8	2.9	1,588
Previously Married	9.2	8.1	28.1	48.8	5.9	95
Never Married	7.7	16.5	33.7	36.1	6.0	739
Education						
Primary or less	8.9	5.5	17.4	55.9	12.3	318
Secondary Incomplete	7.5	9.8	25.8	53.4	3.5	1,110
Secondary Complete	5.1	11.6	37.2	44.3	1.8	577
Post-Secondary	2.1	12.6	44.5	38.4	2.5	417
Socio-economic Status						
Low	8.4	7.9	18.7	56.2	8.8	682
Middle	5.2	11.0	32.7	48.7	2.5	1,129
High	5.7	11.0	39.1	42.0	2.3	611
Sexual experience						
Not sexually experienced	6.0	8.6	30.1	46.4	9.0	188
Sexually experienced	6.2	10.3	30.6	49.3	3.6	2,234
Ethnicity						
Romanian	6.2	10.6	30.5	49.0	3.7	2,179
Hungarian	3.1	5.3	41.8	41.4	8.4	139
Roma	10.8	4.9	15.7	15.7	9.2	79
Other	6.2	8.7	30.6	30.6	2.4	25

characteristics. Women with a university education were the most likely to perceive that utilization of health care services poses a high risk of getting infected with HIV/AIDS. Primary school graduates and persons with a low SES, were the most distrustful of their partner. The analysis by age groups reveals that adolescents (aged 15-19 years) perceived to a greater extent that unsafe sexual intercourse was a risk factor for contracting HIV infection while utilization of health care services was seen as a potential source by a smaller proportion compared to other age groups.

Similar to women, men who thought they had risk of contracting HIV infection (47% of all male respondents) were asked about the circumstances that may place them at risk ([Table 17.4.3B](#)). Half of them considered that the risk could be due to the need of health services (45%) and blood transfusions (7%). Only one in three men (32%) with some self-perceived risk of HIV believed that exposure to unsafe sexual intercourse with a partner that may have had were considered as possible sources of HIV infection. For men, analyzing the distribution of answers by selected characteristics, urban men those with post high school education and high SES, attributed a higher possible risk to utilization of health services, while young adults aged 15-24, men with incomplete secondary or primary school and residents outside Bucharest considered that unsafe sex posed the highest risk for HIV infection. Although the percentages reported by women were different, the relative distribution of men's answers by selected characteristics was similar.

In conclusion, 31% more men than women believed they had a risk of contracting HIV/AIDS infection (36% vs. 47%). The perceived risk factors of contracting HIV infection were somewhat different among men and women. Although most women and men mentioned utilization of health services as the most likely source of HIV infection, women perceived to a much lesser extent unsafe sexual intercourse as a means of contracting HIV (17%) compared to men (32%); interestingly, women were twice as likely as men to consider that "distrust in partner" increased the risk of contracting HIV.

Women who believed they did not have any risk of contracting HIV/AIDS (57%) were asked why they thought they had no risk ([Table 17.4.4A](#)). One in two women mentioned that they had one faithful partner single partner, one in four women (25%) said that were sexually inactive and one in six women (16%) had trust in her partner. If exclude the 25% of women that said that they were sexually inactive, from the remaining 75% of women who believed they had no risk of contracting HIV/AIDS only 3% based their statement on the use of condom, and the rest on the trust they had in their partner. Most unmarried women and adolescents reported they were sexually inactive.

TABLE 17.3.2A
Opinions About The Risk Factors of Contracting HIV/AIDS Among Women Aged 15-44
Who Heard About HIV/AIDS and Believed That They Had a Risk of Contracting HIV/AIDS,
by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Utilization of Health Services</u>	<u>Distrust in Partner</u>	<u>Unsafe Sex</u>	<u>Blood Transfusions</u>	<u>Other</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	69.0	13.6	3.8	2.7	5.8	5.1	100.0	2,470
Residence								
Urban	72.1	12.1	4.1	2.9	5.2	3.6	100.0	1,590
Rural	61.2	17.1	3.1	2.4	7.6	8.6	100.0	880
Region								
Bucharest	67.7	13.5	5.2	6.2	3.1	4.3	100.0	233
Vallahia	68.3	15.1	3.5	3.3	6.1	3.7	100.0	854
Transylvania	71.2	10.4	3.6	1.9	7.3	5.6	100.0	812
Moldova	67.4	16.3	3.5	0.8	5.0	7.0	100.0	571
Pilot districts								
Cluj	78.9	8.5	2.1	2.1	4.2	4.2	100.0	285
Constanța	70.6	12.0	2.7	6.7	4.9	3.1	100.0	459
Iași	62.1	14.7	5.4	0.6	7.4	9.8	100.0	465
Age group								
15-19	61.5	5.2	8.9	2.2	10.2	12.0	100.0	536
20-24	70.4	11.6	5.3	1.0	5.8	5.9	100.0	374
25-29	67.3	16.0	3.5	4.1	5.6	3.5	100.0	351
30-34	70.0	18.4	2.0	2.1	3.9	3.6	100.0	1,729
35-39	72.4	13.6	2.1	2.9	6.2	2.8	100.0	160
40-44	71.6	15.6	0.9	4.6	4.4	2.9	100.0	581
Marital Status								
Married or in Union	70.0	17.0	0.7	3.6	4.6	4.1	100.0	1,729
Previously Married	58.1	17.3	12.4	1.3	7.6	3.3	100.0	160
Never Married	69.1	5.2	8.6	1.2	8.3	7.6	100.0	581
Education								
Primary or less	46.8	20.0	6.3	1.9	11.3	13.7	100.0	301
Secondary incomplete	63.9	16.3	3.2	2.5	7.8	6.3	100.0	809
Secondary complete	72.3	14.2	3.5	3.2	3.2	3.6	100.0	816
Post-Secondary	81.7	6.1	3.8	2.7	4.5	1.2	100.0	544
Socio-economic Status								
Low	52.8	21.5	4.6	1.7	8.9	10.5	100.0	660
Middle	73.4	12.0	3.0	2.9	5.4	3.3	100.0	1,170
High	74.6	9.9	4.4	3.3	4.3	3.5	100.0	640
Sexual Experience								
Not experienced	74.4	1.0	4.3	1.5	8.6	10.2	100.0	332
Sexually experienced	67.8	16.0	3.7	3.0	5.4	4.1	100.0	2138
Ethnicity								
Romanian	70.5	12.8	3.8	2.8	5.3	4.8	100.0	2,265
Hungarian	69.9	13.3	2.9	1.6	7.7	4.6	100.0	148
Roma	36.9	31.3	4.0	2.7	15.6	9.5	100.0	22
Other	63.7	9.3	7.7	6.2	5.4	7.7	100.0	35

TABLE 17.4.3B
Opinions About Risk Factors of Contracting HIV/AIDS Among Men Aged 15-49 Who Heard About HIV/AIDS and Believed That They Had a Risk of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Utilization of Health Services</u>	<u>Unsafe Sex</u>	<u>Blood Transfusions</u>	<u>Distrust in Partner</u>	<u>Other</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	44.7	29.5	6.8	2.5	12.7	3.8	100.0	1,103
Residence								
Urban	49.0	26.5	6.1	2.4	13.5	2.5	100.0	685
Rural	36.4	35.2	8.2	2.8	11.1	6.3	100.0	418
Region								
Bucharest	54.8	10.9	12.7	2.3	14.8	4.5	100.0	103
Vallahia	47.1	33.5	4.4	3.0	5.6	6.4	100.0	363
Transylvania	40.2	28.7	9.3	3.1	7.4	11.3	100.0	444
Moldova	43.1	33.8	3.4	0.6	7.8	11.3	100.0	193
Age group								
15-19	28.7	41.9	6.8	3.1	10.7	8.8	100.0	163
20-24	35.8	38.7	3.5	3.7	15.7	2.6	100.0	195
25-29	42.2	32.1	7.1	2.4	11.8	4.4	100.0	194
30-34	52.8	22.3	6.1	1.1	16.1	1.6	100.0	170
35-39	59.2	17.4	7.8	1.6	12.7	1.3	100.0	127
40-44	55.1	23.2	8.1	2.2	8.6	2.8	100.0	117
45-49	57.0	13.1	12.7	2.5	10.3	4.4	100.0	137
Marital Status								
Married or in Union	57.1	1.3	8.7	1.7	27.8	3.4	100.0	628
Previously Married	19.8	5.8	2.5	7.7	64.2	0.0	100.0	45
Never Married	32.4	2.9	5.1	3.0	52.0	4.6	100.0	430
Education								
Primary or less	28.6	44.3	6.6	2.4	9.5	8.6	100.0	105
Secondary Incomplete	38.3	35.9	5.1	2.5	13.6	4.6	100.0	455
Secondary Complete	48.9	26.1	9.1	2.2	10.2	3.5	100.0	302
Post-Secondary	58.3	15.1	7.5	3.0	15.4	0.7	100.0	241
Socio-economic Status								
Low	38.3	33.7	8.1	3.2	10.1	6.6	100.0	233
Middle	41.9	29.7	7.5	2.8	14.1	4.0	100.0	532
High	53.2	26.3	4.9	1.6	12.2	1.8	100.0	338
Sexual experience								
Not sexually experienced	36.7	41.4	6.0	0.0	4.9	11.0	100.0	87
Sexually experienced	45.5	28.3	6.9	2.8	13.4	3.1	100.0	1,016
Ethnicity								
Romanian	45.3	29.2	6.6	2.6	12.6	3.7	100.0	992
Hungarian	43.3	29.2	9.3	2.7	13.5	2.0	100.0	70
Roma	24.1	31.5	11.2	0.0	18.7	14.5	100.0	26
Other	48.3	47.0	0.0	0.0	4.7	0.0	100.0	15

Among men, 49% did not believe they have any risk of contracting HIV/AIDS. The main reasons were: one single faithful partner (55%), trust in partner (13%), and using condoms (11%). The percentages of those that considered they had no risk of getting infected because they had only one partner or they trust the partner were similar for both men and women (68%). Compared to women, more men believed that had no risk of contracting HIV/AIDS because they use condoms (11% vs. 2%). As with women, but to a lesser extent, unmarried men and adolescents reported they were not sexually active. In conclusion, the study reveals certain population subgroups that are less well informed about HIV/AIDS, both in women and men: adolescents aged 15-19, rural residents, Moldovan residents, persons with low education and low SES and also Roma.

To improve the level of knowledge we suggest targeted interventions to these population subgroups. Family doctors could constitute a first link to this process by his proximity to the individuals and the community. Some family doctors have been trained in family planning which provide them with the required knowledge and competence to be directly involved in this matter. The training program in family planning is still open to family doctors. Doctors who do not have this competence should refer clients to the family planning offices.

Non-medical professionals trained as trainers could represent another link. These trainers could be either employees or volunteers; they have specific abilities and are motivated to work in this domain. They have different backgrounds such as health education, social work or psychology, being recruited from non-government organizations or state institutions. Trainers involved in educational programs for young people aged 15-19 could be high school pupils, university students, and teachers. In rural areas and in Moldova, trainers could be selected at the local level from social workers, teachers, midwives, and nurses. Educational programs targeted to Roma should involve members of this ethnic group and the Roma community.

It is recommendable to continue and extend school-based family life and health education, since 46% of young men and 27 % of young women 15-19 years of age were sexually experienced and may be exposed to the risk of contracting sexually transmitted diseases, including HIV/AIDS. Misconceptions about HIV risk due to health care utilization need also to be addressed. Health care services need to eliminate the risk of nosocomial HIV transmission, through blood screening, reduction of unjustified injectable treatments and blood transfusions, use of sterile needles and syringes, glove-protection while maneuvering blood products, and education of health workers about HIV/AIDS transmission. To influence public behavior, information campaigns should be organized through mass media, broadcasts with specialists in this area, using appropriate communication techniques for various educational levels.

TABLE 17.4.4A
Opinions About Factors that Prevent the Risk of Contracting HIV/AIDS Among Women Aged 15-44 Who Heard About HIV/AIDS and Believed That They Had No Risk of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Only One/ Faithful Partner</u>	<u>Sexually Inactive</u>	<u>Trust in Partner</u>	<u>Use Condom</u>	<u>Others</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	52.6	24.9	15.8	2.0	1.4	3.3	100.0	3,889
Residence	52.3	23.6	17.5	2.4	1.3	2.8	100.0	2,121
Urban	53.0	27.0	13.1	1.2	1.5	4.1	100.0	1,768
Rural								
Region	53.2	22.5	17.3	3.6	1.3	2.1	100.0	275
Bucharest	52.3	26.4	15.8	1.8	1.2	2.5	100.0	1,504
Vallahia	54.8	22.2	16.3	1.9	1.2	3.6	100.0	1,315
Transylvania	48.6	28.5	14.0	1.4	2.3	5.2	100.0	795
Moldova								
Age Group	10.7	72.6	5.7	3.6	1.62	5.8	100.0	537
15-19	48.0	26.5	14.7	4.3	2.4	4.1	100.0	697
20-24	60.8	13.2	19.5	1.1	1.6	3.8	100.0	734
25-29	70.6	8.4	17.6	1.3	0.9	1.2	100.0	740
30-34	69.9	8.7	17.6	0.4	1.0	2.4	100.0	529
35-39	63.2	13.1	20.7	0.5	0.5	2.0	100.0	652
40-44								
Marital Status								
Married or in Union	74.5	1.4	19.7	0.5	0.9	3.0	100.0	2,745
Previously Married	13.6	63.8	17.0	1.5	2.1	2.0	100.0	282
Never Married	12.2	69.0	6.4	5.6	2.3	4.5	100.0	862
Education								
Primary or less	51.5	25.7	13.4	1.0	1.4	7.0	100.0	723
Secondary Incomplete	49.9	29.2	14.5	1.3	1.3	3.8	100.0	1,509
Secondary complete	56.4	20.0	18.5	2.4	1.0	1.7	100.0	1,156
Post-Secondary	53.5	22.5	16.8	4.2	2.4	0.6	100.0	501
Socio-economic Status								
Low	52.2	26.9	13.2	0.7	1.3	5.7	100.0	1,424
Middle	53.0	24.5	17.4	2.0	0.9	2.2	100.0	1,733
High	52.4	22.9	16.5	3.9	2.3	2.0	100.0	732
Sexual activity								
Not sexually experienced	0.5	92.4	0.5	0.0	2.8	3.8	100.0	578
Sexually experienced	65.1	8.8	19.5	2.4	1.0	3.2	100.0	3,311
Ethnicity								
Romanian	52.2	25.4	15.9	2.1	1.3	3.1	100.0	3,522
Hungarian	57.5	22.3	14.6	2.4	1.1	2.1	100.0	264
Roma	52.6	22.2	15.8	0.0	1.4	8.0	100.0	49
Other	56.3	22.5	18.0	0.0	0.0	3.2	100.0	54

TABLE 17.4.4B
Opinion About Factors that Prevent the Risk of Contracting HIV/AIDS Among Men Aged 15-49
Who Heard about HIV/AIDS and Believed That They Had No Risk
of Contracting HIV/AIDS, by Selected Characteristics
Reproductive Health Survey, Romania 1999

<u>Characteristic</u>	<u>Only One/ Faithful Partner</u>	<u>Trust in Partner</u>	<u>Use Condom</u>	<u>Sexually Inactive</u>	<u>Others</u>	<u>Do Not Know</u>	<u>Total</u>	<u>No. of Cases</u>
Total	55.5	13.1	10.5	9.6	6.8	4.6	100,0	1,222
Residence								
Urban	56.4	11.6	12.3	8.5	7.7	3.4	100,0	626
Rural	54.4	15.0	8.2	11.0	5.6	6.0	100,0	596
Region								
Bucharest	49.1	11.8	17.9	9.1	7.8	4.2	100,0	107
Vallahia	57.0	13.9	13.7	7.9	5.1	2.4	100,0	447
Transylvania	56.8	13.3	7.5	10.4	8.6	3.4	100,0	455
Moldova	53.6	11.9	5.7	11.8	6.3	10.8	100,0	213
Age group								
15-19	1.8	8.6	18.0	53.4	9.1	9.1	100,0	123
20-24	30.3	25.7	23.2	9.5	4.2	7.0	100,0	107
25-29	64.6	10.8	11.8	3.9	5.6	3.4	100,0	176
30-34	71.3	10.5	8.1	2.1	6.1	2.0	100,0	206
35-39	68.6	16.5	6.4	2.1	4.4	2.1	100,0	166
40-44	60.8	14.0	4.6	3.6	10.6	6.4	100,0	170
45-49	76.3	7.8	5.4	1.1	6.7	2.9	100,0	274
Marital Status								
Married or in Union	75.2	9.9	4.9	0.4	6.5	3.0	100,0	914
Previously Married	19.6	20.2	22.9	21.4	7.5	8.5	100,0	43
Never Married	9.5	20.3	23.0	31.8	7.4	8.0	100,0	265
Education								
Primary or less	44.2	17.0	5.4	19.9	3.9	9.6	100,0	174
Secondary Incomplete	58.6	13.1	8.6	8.5	7.0	4.3	100,0	617
Secondary complete	56.1	13.2	13.3	9.3	5.5	2.7	100,0	263
Post-Secondary	56.4	8.3	18.7	2.4	11.3	2.8	100,0	168
Socio-economic Status								
Low	55.8	14.5	6.3	11.3	5.3	6.8	100,0	389
Middle	53.7	14.0	11.9	10.3	6.8	3.4	100,0	572
High	59.0	9.2	13.2	5.9	9.0	3.8	100,0	261
Sexual activity								
Not Experienced	0.0	3.5	2.5	75.7	8.4	10.0	100,0	85
Sexually experienced	61.0	14.0	11.3	3.0	6.6	4.0	100,0	1,137
Ethnicity								
Romanian	55.2	12.9	10.5	9.8	6.9	4.7	100,0	1,106
Hungarian	56.4	10.4	10.4	12.8	5.5	4.4	100,0	57
Roma	65.0	15.3	12.4	0.0	3.6	3.6	100,0	47
Others	37.2	28.8	0.0	21.9	12.1	0.0	100,0	12

CHAPTER XVIII

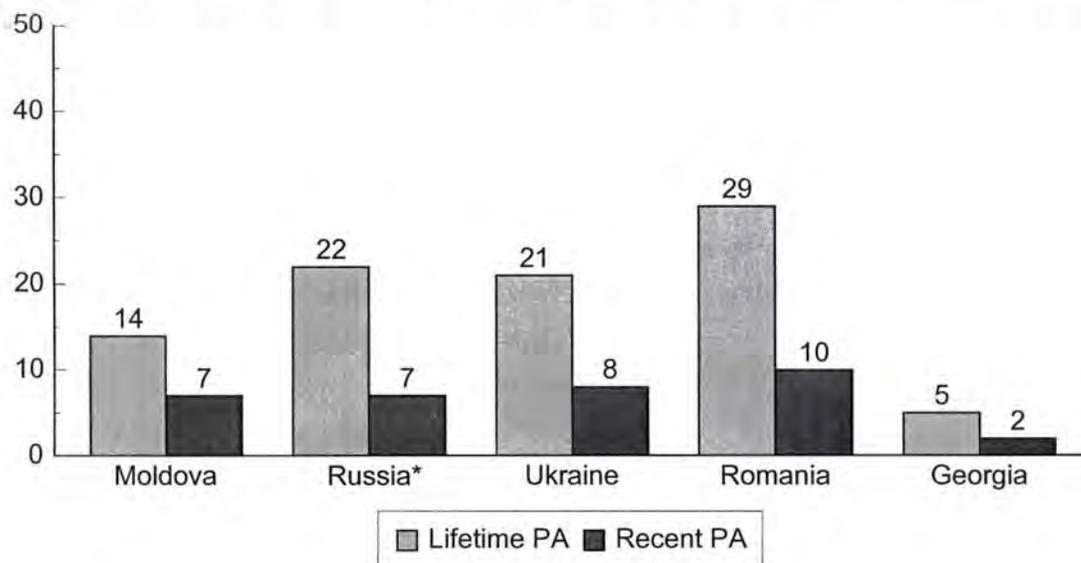
PHYSICAL AND SEXUAL ABUSE

Violence against women has come to be recognized as a significant public health problem with serious consequences for women's health and for society. According to the United Nations, violence against women is defined as "any act of ...physical, sexual, or psychological harm...including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life " (UN General Assembly, 1993). One of the most common acts of violence against women is perpetrated by men against their female partners. Often referred to as "domestic violence" or "battering", intimate partner violence (IPV) encompasses all ages and all socio-economic and educational backgrounds.

The questions included in the 99RRHS focus principally on two types of violence against women: 1) intimate partner violence and 2) sexual coercion (at any point in a woman's life). Violence by an intimate partner was explored using a modified (eight items) Conflict Tactic Scale. It was defined as verbal, physical, and sexual abuse among ever married (legally or consensually) women. Female respondents were asked a series of questions related to past and present (within the past year) abuse. Verbal abuse includes insults, curses, and verbal threats, and gestures with the intent of physical harm ("threaten to hit you or throw something at you"). Physical violence, further classified into moderate and severe violence (O'Campo P. et al., 1994), includes pushing, shoving, and slapping (moderate violence) and kicking, hitting with the fist or an object, being beaten up, and threats with a knife or other weapon (severe violence). Women who experienced recent physical abuse were further asked about the severity of physical injuries and if they sought help from law enforcement agencies, family, friends, or health care providers. Sexual abuse by an intimate partner was defined by asking whether "a partner ever physically forced [the woman] to have sex against her will." In order to examine reporting of domestic violence from the male perspective, similar questions regarding types of abuse perpetrated by males against their female partners were included in the male questionnaire.

In addition, all respondents were asked about their history of witnessing physical abuse between parents or experience of abuse as a child or adolescent; all female respondents, irrespective of their marital experience, were asked about their lifetime exposure to sexual coercion defined as

Figure 18.1.1
 Lifetime and Recent Physical Abuse (PA)
 Ever Married Women 15-44
 CDC-Assisted Reproductive Health Surveys: Eastern Europe and NIS



* Three-area reproductive health surveys (Perm and Yekaterinburg cities and Ivanovo oblast).

"being forced by a man to have sexual intercourse against [the woman's] will." Furthermore,

questions about age at first forced intercourse and relationship with the perpetrator at first forced intercourse were also included. According to the Romanian law, rape only occurs to women and sexual coercion of a spouse is not considered rape. For these reasons and because of the legal consequences of rape (other than spousal rape), reports of perpetrated sexual violence from the male perspective were not examined in the male questionnaire.

18.1 Comparative Findings on Domestic Violence in Eastern Europe

The questions included in the 99RRHS are similar in scope to those asked in other CDC-assisted reproductive health surveys conducted in Eastern Europe and Newly Independent States (NIS) of the former Soviet Union ([Figure 18.1.1](#)). In all these countries, with the exception of

Russia, the survey data produced the first population-based information on violence against women available at the national level. These surveys provide the opportunity to study characteristics of battered women and linkages with reproductive health. In addition to documenting violence against women in the context of maternal and child health, survey findings can be used to raise awareness at the individual and community level, to educate law enforcement and social service agencies, to influence current public policies, and ultimately to develop laws and interventions to protect and benefit the battered women. Most countries of the region share similarities with regard to legal status of women and gender roles; they all experienced in the past the same Communist efforts to promote gender equality only to see them replaced by recent political and social changes aimed at relegating women to traditional roles. None of these countries have yet established laws and mechanisms to protect women from spousal abuse. The absence of any government capacity to respond to domestic violence triggered, in many countries, the founding of local NGOs and women's coalitions with a strong support from the international community.

The estimates presented here are likely to underestimate the true population prevalence because, for both psychological and practical reasons, some women may have understated or not reported their abuse history, despite assurances of maintaining confidentiality. Moreover, cross-cultural data on spousal abuse can be difficult to interpret because cultural definitions or perceptions of abuse may differ from one country to another. Reported lifetime experience with spousal physical abuse varied between 5% in Georgia and 29% in Romania while physical abuse during the past 12 months ranged from 2% in Georgia to 10% in Romania (VCIOM and CDC, 2000; KIIS and CDC, 2000; Serbanescu et al. 1998, 2000). Georgian women reported much lower levels of spousal abuse than any other country, findings which may be attributed to differences in reporting, cultural definitions and perceptions, or a particularly strong role of the extended family and friends in the life of Georgian women.

18.2 History of Witnessing or Experiencing Parental Physical Abuse

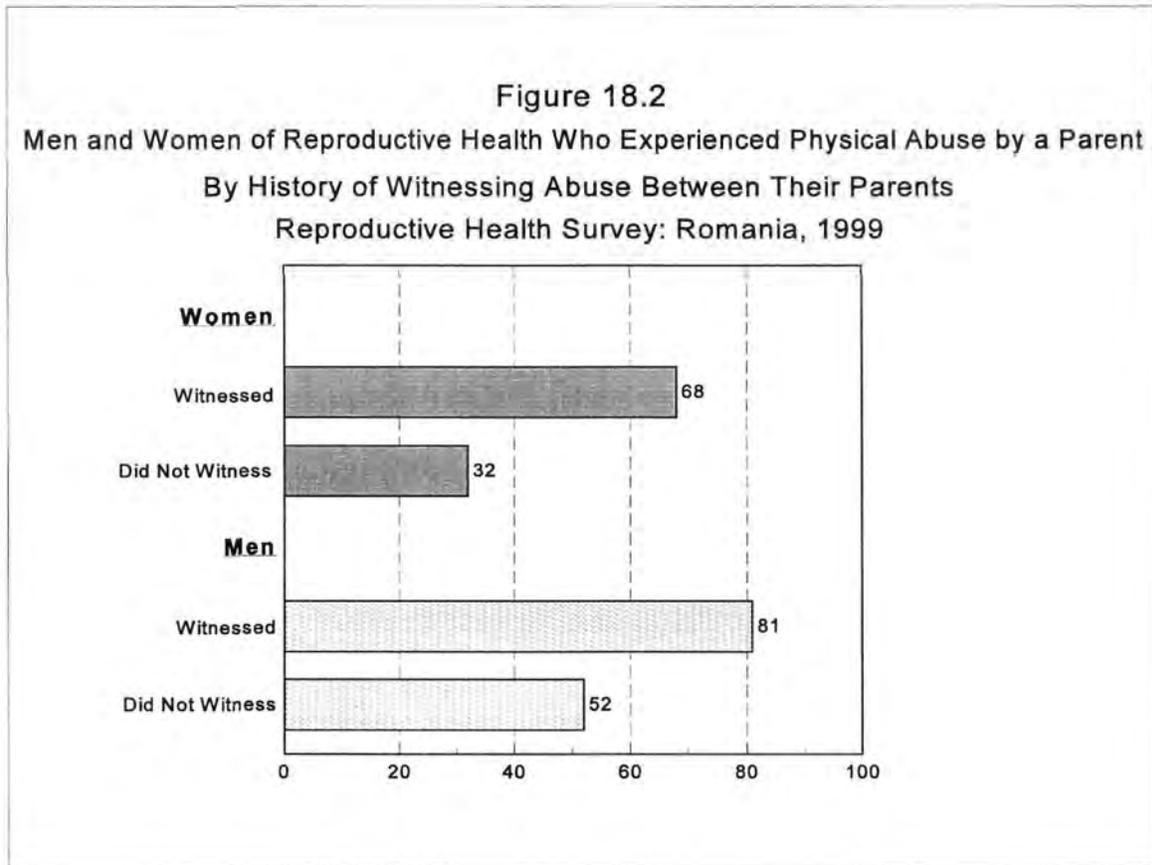
History of witnessing physical abuse between parents or being abused as a child or adolescent by a parent have been identified as important risk factors for emotional and behavioral problems during childhood and adolescence (Edleson JL, 1999, Kolbo JR and Blakely EH, 1996). Data from the literature suggests that children who experienced both risk factors are the most likely to develop serious behavioral problems. Several studies have linked childhood exposure to violence with child and adolescent violent behaviors (Song LY et al., 1998) and to physical abuse during adulthood (Hotaling GT and Sugarman DB., 1986). In the 99RRHS, all respondents were asked if, when they were growing up, they ever heard or saw their parents physically abuse each other and if their parents physically abused them. As shown in [Table 18.2](#), overall, 25% of respondents reported having

TABLE 18.2
History of Witnessing Physical Abuse Between Parents or Being Abused as a Child
by a Parent Among Women and Men of Reproductive Age
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women Aged 15-44</u>			<u>Men Aged 15-49</u>		
	<u>Witnessed Abuse</u>	<u>Experienced Abuse</u>	<u>No. of Cases*</u>	<u>Witnessed Abuse</u>	<u>Experienced Abuse</u>	<u>No. of Cases*</u>
Total	25.5	41.3	6,850	25.8	59.5	2,422
<u>Residence</u>						
Urban	23.5	40.6	3,894	24.5	58.2	1,336
Rural	29.2	42.6	2,956	27.8	61.3	1,086
<u>Age Group</u>						
15-24	27.3	44.3	2,151	27.5	58.7	628
25-34	25.5	41.1	2,664	25.9	59.2	773
35-44(49)	23.5	38.0	2,035	24.5	60.5	1,021
<u>Education Level</u>						
Secondary Incomplete	30.8	44.6	3,710	28.9	61.2	1,431
Secondary Complete	21.4	39.0	2,076	23.4	57.7	575
Post-secondary	16.4	35.2	1,064	18.7	56.3	416
<u>Socio-economic Status</u>						
Low	34.3	45.8	2,364	30.8	62.1	685
Medium	24.1	40.7	3,060	25.3	59.7	1,127
High	16.9	36.8	1,426	21.6	56.5	610
<u>Ethnicity</u>						
Romanian	24.9	41.6	5,977	25.8	59.5	2,178
Hungarian	15.9	30.1	437	14.8	56.5	140
Roma	47.6	50.2	341	42.9	61.0	76
Other	31.4	44.5	95	32.6	73.2	28

* Excludes 38 women and 12 men who reported that they did not grow up with their parents.

heard or seen abuse between their parents, with very little difference between females and males. Between 30% and 50% of women reported that they have experienced parental physical abuse, with an overall average of 41%. Women who both witnessed and experienced parental abuse as children were more likely to grow up in Roma families, to be less educated and to report low socioeconomic status. Overall, men reported a higher level of parental physical abuse (60%), ranging from 56% to 73%. Similarly, men of Roma background were more exposed to parental abuse than those of other ethnic descent.



Respondents who witnessed physical violence between parents were significantly more likely than those who did not witness parental abuse to report being physically abused by parent during childhood (Figure 18.2). Among women, those who witnessed episodes of parental abuse were twice as likely to be physically abused themselves, compared to those who did not witness abuse (68% vs. 32%). Similarly, among men, parental physical abuse was more than 50% more prevalent among those who witnessed abuse than among those who did not.

18.3 Verbal, Physical and Sexual Abuse by a Partner or Ex-Partner

In order to measure the lifetime prevalence of abuse by a current or former partner, women who ever had a partner were asked if they had ever been verbally, physically, or sexually abused by a partner or ex-partner. The terms "partner" and "ex-partner" include a current or former spouse (legal or common-law) or other partner with whom the respondent may have cohabitated for any length of time.

Figure 18.3.1 and Table 18.3.1 show that almost one in two (45%) women reported having been verbally abused, 29% have been physically abused and 7% have been sexually abused by a partner or ex-partner at some time in their life. Among those who reported verbal abuse, 44% of women reported they were insulted by their partners and 26% said that they were threatened to be beaten (not shown). Not surprisingly, there is a considerable overlap between these three types of abuse; 61% of women who have been insulted or threatened by a partner have also been subjected to physical violence compared to only 4% of women whose experience of physical abuse was not accompanied by verbal abuse (data not shown). Similarly, sexual abuse was frequently associated with other acts of physical harm: 21% of women who have been physically abused had also been forced to have sexual intercourse against their will; conversely, only one percent of women had reported sexual abuse without other acts of physical violence (data not shown).

The survey in Romania provides an unique opportunity to examine reporting of domestic violence from the male perspective and to better understand their perceptions of gender roles. As shown in Figure 18.3.1 and Table 18.3.1, the level of both lifetime and recent physical abuse reported by ever-married males was practically identical with that reported by ever-married women

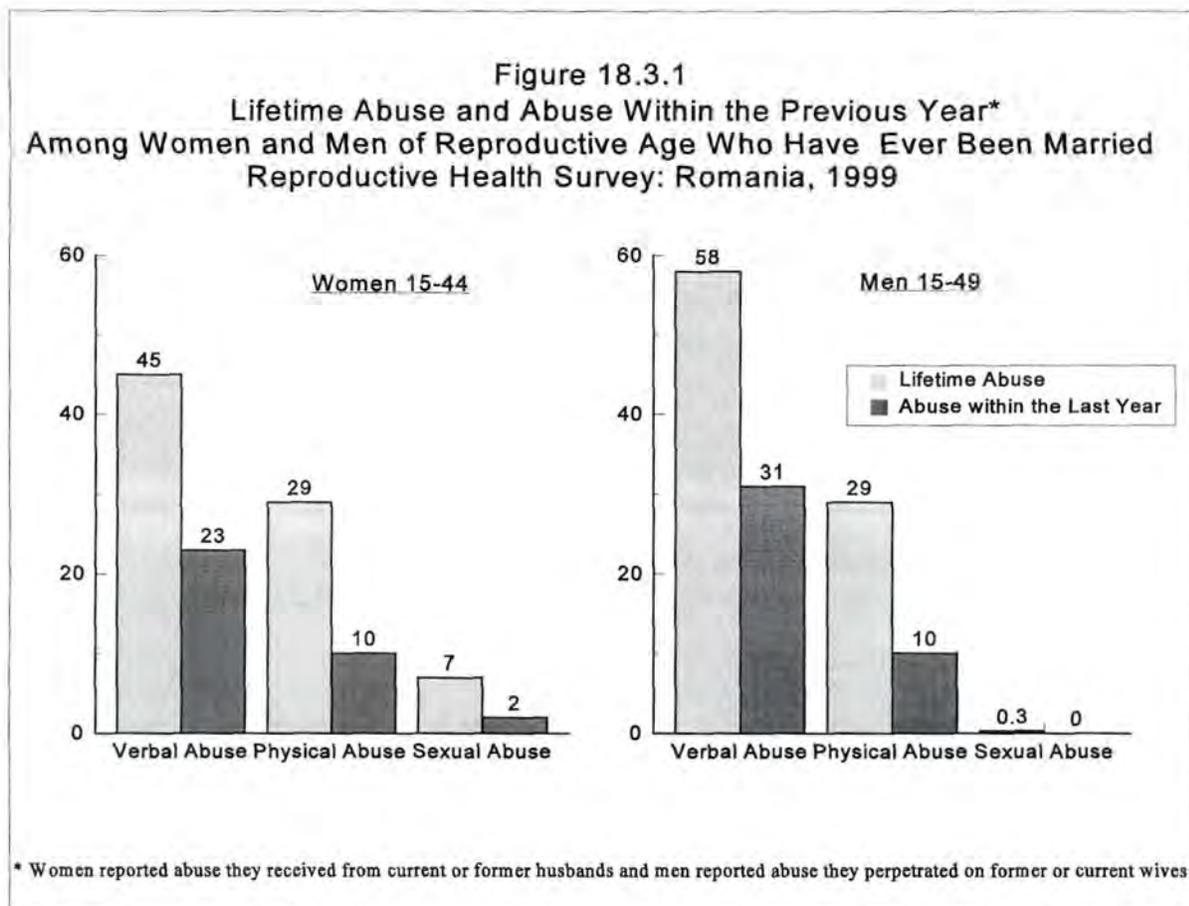


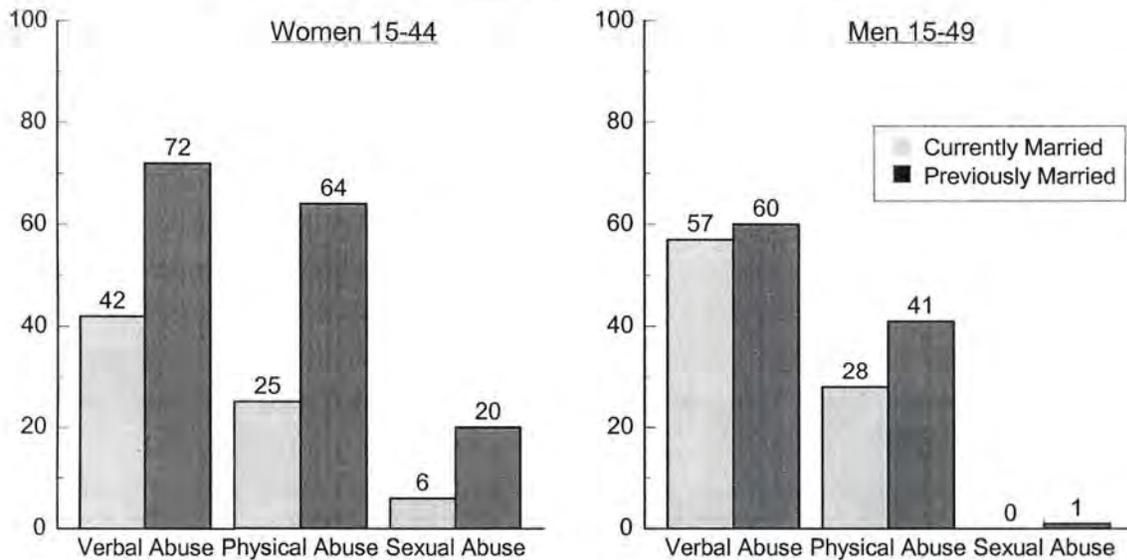
TABLE 18.3.1
Percentage of Respondents Who Reported Lifetime Intimate Partner Violence*
by Type of Abuse (Verbal, Physical or Sexual) by Selected Characteristics
Women and Men of Reproductive Age Who Have Ever Been Married
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women Aged 15-44</u>				<u>Men Aged 15-49</u>			
	<u>Verbal Abuse</u>	<u>Physical Abuse</u>	<u>Sexual Abuse</u>	<u>No. of Cases</u>	<u>Verbal Abuse</u>	<u>Physical Abuse</u>	<u>Sexual Abuse</u>	<u>No. of Cases</u>
Total	44.9	29.1	7.3	5,322	57.5	28.9	0.3	1,690
<u>Residence</u>								
Urban	42.0	27.3	7.3	2,919	54.2	24.6	0.5	914
Rural	49.7	32.0	7.4	2,403	62.6	35.5	0.1	776
<u>Age Group</u>								
15-24	34.9	25.6	6.3	840	43.1	23.7	0.0	83
25-34	41.3	26.7	6.2	2,471	50.9	27.4	0.0	625
35-44(49)	52.5	32.8	8.9	2,011	62.9	30.4	0.6	982
<u>Marital Status</u>								
Currently Married or In Union	42.0	25.4	5.9	4,846	57.4	28.1	0.3	1,595
Previously Married	72.2	63.8	20.4	476	59.8	41.5	1.3	95
<u>No. of Living Children</u>								
0	29.4	21.2	3.5	783	46.6	23.1	0.3	261
1	39.2	25.5	6.5	1,911	55.6	26.5	0.1	603
2	47.9	28.2	7.5	1,841	56.9	28.8	0.5	607
3+	67.3	47.7	12.8	787	76.7	42.2	0.7	219
<u>Education Level</u>								
Secondary Incomplete	55.4	38.1	10.5	2,939	63.6	33.5	0.5	967
Secondary Complete	36.1	20.8	4.1	1,729	53.2	25.5	0.2	430
Postsecondary	24.7	13.5	2.7	654	44.4	19.2	0.2	293
<u>Socio-economic Status</u>								
Low	55.7	40.0	9.3	1,946	66.1	38.5	0.2	490
Medium	44.3	27.6	8.0	2,375	56.3	27.3	0.6	785
High	29.8	15.7	2.9	1,001	50.7	21.7	0.0	415
<u>Ethnicity</u>								
Romanian	44.6	28.4	6.9	4,601	57.1	28.7	0.4	1507
Hungarian	29.0	17.9	2.9	349	46.5	15.1	0.0	98
Roma	66.7	51.3	17.8	298	74.4	45.7	0.0	65
Other	42.4	31.5	6.9	74	†	†	†	20

* Women reported abuse they received from former or current husbands and men reported abuse they perpetrated on their former or current wives.

† Fewer than 25 cases in this category.

Figure 18.3.2
Lifetime Experience with Intimate Partner Violence*
by Type of Abuse and Current Marital Status
Women and Men of Reproductive Age Who Hve Ever Been Married
Reproductive Health Survey: Romania, 1999



* Women reported abuse they received from current or former husbands and men reported abuse they perpetrated on former or current wives

and the level of verbal abuse is even higher in the male sample. However, men almost never report that they have ever been sexually abusive with their female partners.

To document some of the risk factors for abuse, the prevalence of different types of abuse was analyzed by selected characteristics of the respondents. Significant differences were found between rural and urban women, the former reporting lifetime prevalence of verbal and physical abuse of 50% and 32%, respectively. Similarly, male reports of perpetrated verbal and physical abuse were significantly higher in rural areas than in urban areas (63% and 35% vs. 54% and 25%, respectively). The prevalence of verbal and physical abuse were directly correlated with age. However, age differences in reports of ever being abused are likely to be confounded by the length of exposure (older women having had a longer time exposed to the risk of abuse and older men having an opportunity to perpetrate abuse for longer periods of time). For this reason, the association between age and IPV is better reflected in the study of present abuse (see [Table 18.3.2](#)).

When physical abuse by a partner or ex-partner was analyzed by the respondent's current marital status, women categorized as previously married or in union had significantly higher prevalence of past verbal and physical abuse, compared with currently married (or in union) women (see also [Figure 18.3.2](#)). Whereas 64% of those previously married or in union reported past physical abuse, only 25% of women currently married or in union reported having been abused (a ratio of 2.5:1). Furthermore, previously married women reported, on average, three times more sexual abuse compared with currently married women. Although the survey did not ask if IPV contributed to a woman's decision to separate from her partner, these data suggest that women who were divorced and separated may have been exposed to more domestic abuse, contributing to their decision to split up with an abusive partner. Previously married men were less likely to report physical abuse against their former spouses—the ratio between physical abuse perpetrated by them and by those currently in union was only 1.5:1—and their reports of sexual abuse, also very low, were the highest among previously married men (differences were not significant given the sample size).

Prevalence of all types of abuse was positively correlated with the number of living children. One in four women with one child, 28% of women with two children, and almost one in two women with three or more children (48%) reported having ever been physically abused by an intimate partner. Similarly, the prevalence of sexual abuse increased with parity. Women with at least three living children were three times more likely (13%) than those with no children (4%) to have been sexually abused by their partners. Male reports of all types of abuse against their spouses were also positively correlated with the number of living children, but the differences were less pronounced.

The percentage of women reporting lifetime IPV was inversely correlated with education; lifetime abuse was significantly higher among women with less than a post-secondary education, compared with women with postsecondary education. These results may be confounded by a lower prevalence of past partner abuse among adolescents, who most likely have not yet completed high school. Thus, the prevalence of IPV among women with lower educational attainment is likely to be higher. Low educated (less than complete high school) women reported, on average, almost three times more physical abuse and almost four times more sexual abuse compared with the best educated women. Likewise, women with low and medium SES were significantly more likely to have experienced all types of abuse when compared with the most affluent women. Levels of IPV were the highest among respondents of Roma ethnic background; two-thirds of Roma women reported verbal abuse, 51% reported physical abuse, and almost one in five reported sexual abuse. Similarly, men of Roma descent were more likely to report they verbally and physically abused their partners than men of other ethnic background.

As shown in [Table 18.3.2](#) and [Figure 18.3.1](#), 10% of all women interviewed reported having

TABLE 18.3.2
Percentage of Respondents Who Reported Intimate Partner Violence* Within the Past Year
by Type of Abuse (Verbal, Physical or Sexual) by Selected Characteristics
Women and Men of Reproductive Age Who Have Ever Been Married
Reproductive Health Survey: Romania, 1999

Characteristic	Women Aged 15-44				Men Aged 15-49			
	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases	Verbal Abuse	Physical Abuse	Sexual Abuse	No. of Cases
Total	23.4	10.0	1.8	5,322	30.6	10.1	0.0	1,690
Residence								
Urban	20.9	8.7	1.5	2,919	26.7	8.4	0.0	914
Rural	27.6	12.0	2.3	2,403	36.4	12.7	0.0	776
Age Group								
15-24	21.9	13.8	2.6	840	30.1	18.0	0.0	83
25-34	22.8	9.9	2.1	2,471	31.4	11.3	0.0	625
35-44(49)	24.7	8.6	1.2	2,011	30.1	8.6	0.0	982
Marital Status								
Currently Married or In Union	25.1	10.4	1.8	4,846	32.1	10.5	0.0	1595
Previously Married	8.2	5.7	1.4	476	5.8	2.9	0.0	95
No. of Living Children								
0	14.8	7.8	0.7	783	26.2	9.3	0.0	261
1	18.8	8.2	1.2	1,911	30.7	8.8	0.0	603
2	25.7	9.5	1.9	1,841	29.6	10.4	0.0	607
3+	37.9	17.5	4.1	787	37.5	13.6	0.0	219
Education Level								
Secondary Incomplete	30.2	14.2	2.8	2,939	36.4	13.4	0.0	967
Secondary Complete	17.2	6.1	0.7	1,729	25.9	7.3	0.0	430
Postsecondary	11.7	2.3	0.4	654	18.8	3.5	0.0	293
Socio-economic Status								
Low	32.8	17.4	3.2	1,946	40.5	16.1	0.0	490
Medium	21.3	7.8	1.5	2,375	28.6	9.3	0.0	785
High	13.7	3.1	0.3	1,001	23.6	5.1	0.0	415
Ethnicity								
Romanian	22.9	9.1	1.5	4,601	29.0	9.7	0.0	1,507
Hungarian	14.1	5.0	0.1	349	31.2	2.4	0.0	98
Roma	40.4	27.4	8.3	298	54.7	27.3	0.0	65
Other	25.7	10.8	1.9	74	†	†	†	20

* Women reported abuse they received from former or current husbands and men reported abuse they perpetrated on their former or current wives.

† Fewer than 25 cases in this category.

been physically abused by a partner or ex-partner during the last 12 months. Current verbal abuse was reported by 23% of women (23% reported insults and curses and half of them also reported threats of physical harm). Reports of verbal abuse were slightly higher (31%) when males were questioned about the types of IPV they may have perpetrated during the past year but reports of physical abuse were identical with those in the female sample.

Many characteristics of the women who experienced higher levels of recent abuse were similar with those for women who reported lifetime abuse. Abuse during the past 12 months was higher among rural women than among urban women, increased with parity, was inversely correlated with educational attainment and socio-economic status, and was much higher among Roma women. However, the age differentials show a different pattern: although verbal abuse is not significantly different by age group, the proportion reporting recent physical abuse was higher among the youngest women (14%). When current levels of domestic violence were analyzed by the woman's marital status as opposed to lifetime abuse, it became clear that currently married women experience higher levels of abuse than previously married women. Presumably, IPV episodes may have contributed to the later group's marital dissolution and they were currently less exposed to violence than the married women.

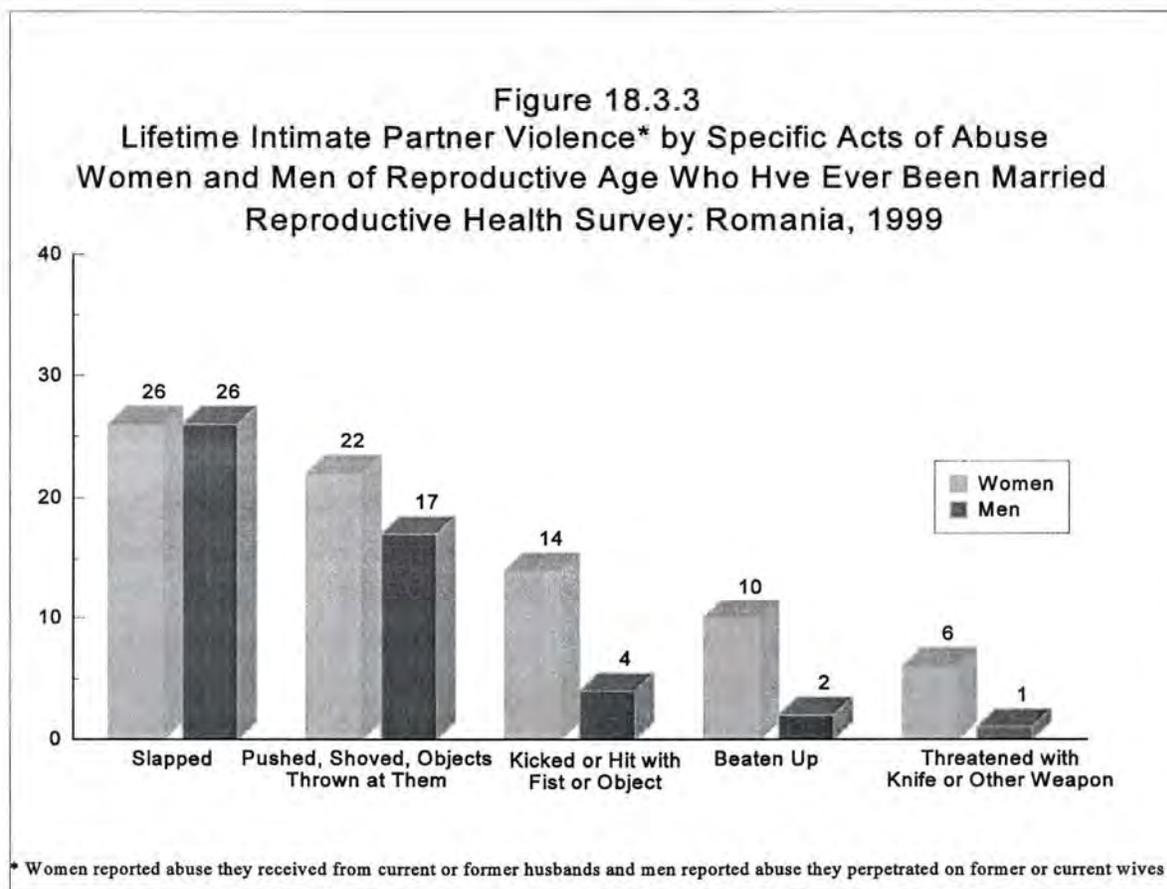


TABLE 18.3.3
Percentage of Respondents Who Reported Lifetime Intimate Partner Violence*
by Severity of Abuse (Moderate or Severe) By Selected Characteristics
Women and Men of Reproductive Age Who Have Ever Been Married
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women Aged 15-44</u>						<u>Men Aged 15-49</u>						
	<u>Moderate</u>			<u>Severe</u>			<u>Moderate</u>			<u>Severe</u>			<u>No. of Cases</u>
	<u>Slapped</u>	<u>Pushed Shoved</u>	<u>Kicked, Hit with Fist</u>	<u>Was Beaten Up</u>	<u>Threatened with a Weapon</u>	<u>No. of Cases</u>	<u>Slapped Partner</u>	<u>Pushed Shoved Partner</u>	<u>Kicked, Hit with Fist</u>	<u>Beaten Up Partner</u>	<u>Threatened with a Weapon</u>		
Total	26.3	21.8	14.2	9.8	5.9	5,322	25.5	17.3	4.3	1.9	0.5	1,690	
<u>Residence</u>													
Urban	24.2	21.1	12.9	9.0	5.4	2,919	21.1	15.7	4.0	1.6	0.3	914	
Rural	29.6	23.0	16.3	11.2	6.8	2,403	32.2	19.6	4.8	2.4	0.8	776	
<u>Age Group</u>													
15-24	22.7	15.3	8.4	5.7	2.7	840	19.5	15.3	5.3	0.0	0.0	83	
25-34	23.8	20.4	12.0	8.8	4.9	2,471	23.5	13.7	1.9	0.6	0.3	625	
35-44(49)	30.1	25.8	18.6	12.5	8.2	2,011	27.3	19.7	5.7	2.9	0.6	982	
<u>Marital Status</u>													
Currently Married, In Union	22.8	18.4	11.5	7.6	4.5	4,846	24.5	16.8	4.1	1.7	0.4	15	
Previously Married	58.3	54.1	39.3	30.5	18.8	476	41.5	25.2	8.6	5.3	1.1	95	
<u>No. of Living Children</u>													
0	18.4	14.5	8.2	4.5	2.0	783	19.0	13.0	3.3	1.6	0.3	26	
1	21.9	19.1	10.6	7.9	4.5	1,911	22.8	16.5	3.2	1.3	0.1	60	
2	25.7	20.7	13.5	9.1	5.7	1,841	25.6	16.8	4.6	2.1	0.2	60	
3+	45.7	38.4	30.0	21.4	13.5	787	39.8	25.1	7.6	3.5	2.2	21	
<u>Education Level</u>													
Secondary Incomplete	35.0	28.1	19.7	14.1	8.8	2,939	30.1	18.8	5.0	2.4	0.7	96	
Secondary Complete	17.9	15.9	8.7	5.5	2.6	1,729	23.0	16.7	4.0	1.6	0.2	43	
Postsecondary	11.6	11.1	5.5	3.4	2.5	654	14.4	13.2	2.7	0.7	0.0	29	
<u>Socio-economic Status</u>													
Low	36.8	29.5	20.7	14.0	8.2	1,946	35.5	21.2	7.1	3.9	0.9	49	
Medium	25.1	21.0	13.3	9.8	6.1	2,375	24.1	16.6	3.8	1.7	0.5	78	
High	12.6	12.1	6.1	3.5	1.9	1,001	17.5	14.3	2.4	0.2	0.0	41	
<u>Ethnicity</u>													
Romanian	25.6	20.9	13.4	9.4	5.6	4,601	25.0	17.2	4.0	1.9	0.5	1507	
Hungarian	15.6	16.1	8.8	4.1	2.7	349	13.7	10.7	3.5	2.6	0.0	98	
Roma	47.9	40.4	30.1	21.5	12.9	298	44.0	22.8	12.6	2.3	0.9	65	
Other	23.2	28.9	17.5	11.5	10.0	74	†	†	†	†	†	20	

* Women reported abuse they received from former or current husbands and men reported abuse they perpetrated on their former or current wives.

† Fewer than 25 cases in this category.

As shown in [Figure 18.3.3](#) and [Table 18.3.3](#), the acts of violence most often mentioned by women were slaps, pushing and thrown objects: about one in four women were slapped and 22% were pushed, shoved or had something thrown at them (moderate violence). Between 14% and 6% suffered one form of severe physical violence (14% were kicked or hit with the fists or objects, 10% suffered severe beating and 6% were threatened with a knife or other weapon). Whereas moderate physical abuse inflicted on their current or former spouses was similar in males' reports of abuse (26% admitted slaps and 17% admitted pushing, shoving, or throwing objects), severe physical abuse was only seldom reported. According to male respondents, they almost never subject their partners to kicking, punching or hitting with objects (4%), severe beating (2%) or to threatening with a weapon (1%).

Severity of abuse was more prominent among older women than among younger women. Older women were two- to three-times more likely than young adults to report severe acts of physical abuse. Although previously married women reported higher rates of any type of abuse, their higher prevalence of severe physical abuse is most disturbing. More than one in three (39%) reported being hit with fists or kicked compared with only 12% of currently married women. When compared with currently married/in union women, those previously married were four times more likely to have been severely beaten or to be threatened with a weapon. Although both types of abuse (moderate and severe) were directed correlated with parity, women with one or more children had two to six times higher risk for severe beating and weapon threats than childless women. These findings are particularly important because several researchers indicate that children who witness abuse between parents in their childhood are more prone to experience IPV as adults.

All types of violence were more prevalent among women with lower education and again the gap between them and better educated women was larger for severe physical abuse. For example, moderate abuse was reported by 35% vs 12%, being kicked or hit with fists or objects was reported by 20% vs. 6%, and being beat up by 14% vs. 3%. Thus, the ratio of abuse among women with incomplete secondary education compared with university-trained women was about 3:1 for moderate violence, and 4:1 for severe violence. Similarly, the differences between women with low and high SES were wider for more severe types of abuse than for moderate physical abuse. By far, women of Roma ethnic background are at higher risk of severe abuse compared to women of other ethnic background. Almost one in three women have been kicked or hit, punched or hit with an object, 22% were beaten up at least once, and 13% were threatened with a weapon.

As shown in [Table 18.3.4](#), the acts of recent abuse (within the last 12 months) are more likely to be moderate (slaps, pushing, shoving, thrown objects) than severe, and there is complete agreement between female and male reports of these incidents. According to 99RRHS, annually 4% of women were kicked or hit with a fist or an object, 2% of women were "beaten up", and 1% were "threatened with a knife or other weapon." According to the men's reports, however, severe episodes of violence occurred less often.

TABLE 18.3.4
Percentage of Respondents Who Reported Intimate Partner Violence Within the Previous Year
by Severity of Abuse (Moderate or Severe), by Selected Characteristics
Women and Men of Reproductive Age Who Have Ever Been Married
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women Aged 15-44</u>						<u>Men Aged 15-49</u>						
	<u>Moderate</u>			<u>Severe</u>			<u>Moderate</u>			<u>Severe</u>			<u>No. of Cases</u>
	<u>Slapped</u>	<u>Pushed Shoved</u>	<u>Kicked, Hit with Fist</u>	<u>Was Beaten Up</u>	<u>Threatened with a Weapon</u>	<u>No. of Cases</u>	<u>Slapped Partner</u>	<u>Pushed Shoved Partner</u>	<u>Kicked, Hit with Fist</u>	<u>Beat Up Partner</u>	<u>Threatened with a Weapon</u>		
Total	7.7	7.6	3.8	2.1	1.1	5,322	6.9	7.1	1.0	0.5	0.0	1,690	
Residence													
Urban	6.4	6.6	3.0	1.7	0.7	2,919	5.4	6.0	0.9	0.3	0.0	914	
Rural	10.0	9.1	5.1	2.8	1.7	2,403	9.1	8.8	1.2	0.8	0.0	776	
Age Group													
15-24	11.3	7.6	3.6	1.8	0.4	840	14.9	9.7	3.4	0.0	0.0	83	
25-34	7.9	8.0	3.8	2.3	1.2	2,471	8.5	7.4	0.8	0.5	0.0	625	
35-44(49)	6.1	7.1	3.8	2.0	1.3	2,011	5.2	6.7	0.9	0.6	0.0	982	
Marital Status													
Currently Married, In Union	8.1	7.9	3.9	2.1	1.1	4,846	7.1	7.4	1.0	0.5	0.0	1595	
Previously Married	4.6	4.7	2.9	2.0	0.9	476	2.9	2.9	1.3	2.0	0.0	95	
No. of Living Children													
0	6.9	4.5	2.5	0.7	0.2	783	5.0	5.8	0.7	0.5	0.0	261	
1	5.6	6.3	2.5	1.5	0.7	1,911	6.4	6.3	1.2	0.5	0.0	603	
2	7.3	7.4	3.2	1.9	0.9	1,841	7.5	7.5	0.8	0.7	0.0	607	
3+	14.3	14.1	9.3	5.3	3.4	787	8.9	9.6	1.1	0.3	0.0	219	
Education Level													
Secondary Incomplete	11.3	10.6	5.7	3.2	2.0	2,939	9.5	8.6	1.4	0.9	0.0	967	
Secondary Complete	4.3	4.9	1.8	0.9	0.1	1,729	4.8	6.2	0.8	0.2	0.0	430	
Postsecondary	1.8	1.8	1.0	0.4	0.0	654	1.8	3.5	0.0	0.0	0.0	293	
Socio-economic Status													
Low	14.3	13.2	7.7	4.1	2.4	1,946	12.5	10.4	2.1	1.7	0.0	490	
Medium	5.5	5.9	2.4	1.5	0.7	2,375	6.2	6.4	0.7	0.2	0.0	785	
High	2.5	2.4	0.8	0.3	0.0	1,001	2.2	4.9	0.4	0.0	0.0	415	
Ethnicity													
Romanian	7.0	6.9	3.2	1.9	1.1	4,601	6.2	7.0	0.9	0.5	0.0	1,507	
Hungarian	3.4	4.8	2.8	1.2	0.2	349	1.8	1.8	0.6	0.6	0.0	98	
Roma	23.0	19.2	12.9	6.2	2.5	298	25.6	15.0	3.9	1.0	0.0	65	
Other	5.5	10.8	4.2	2.9	2.0	74	†	†	†	†	†	20	

* Women reported abuse they received from former or current husbands and men reported abuse they perpetrated on their former or current wives.

† Fewer than 25 cases in this category.

18.4 Physical Consequences of Intimate Partner Violence

Of the 10% of women who experienced physical abuse during the past year, 33% suffered physical injuries ([Figure 18.4.1](#) and [Table 18.4.1](#)). Furthermore, for 7% of these women the injuries were severe enough to require medical treatment and 4% required hospitalization. Reports of recent domestic-violence-associated-injuries were more prevalent among women aged 25 years or older (38%), women with three or more living children (43%) compared to those with none or one child (24%), and women of Hungarian or other ethnic background. The severity of these injuries and the need for medical treatment or hospitalization was higher for older women compared to women 15-24 aged years, and for those with three or more children.

Not surprisingly, men tend to underreport the consequences of physical abuse on their partners. Only 16% of men reported that recent episodes (within the last 12 months) of IPV have resulted in any injuries to their partners and only 2% were aware of the fact that these injuries required treatment.

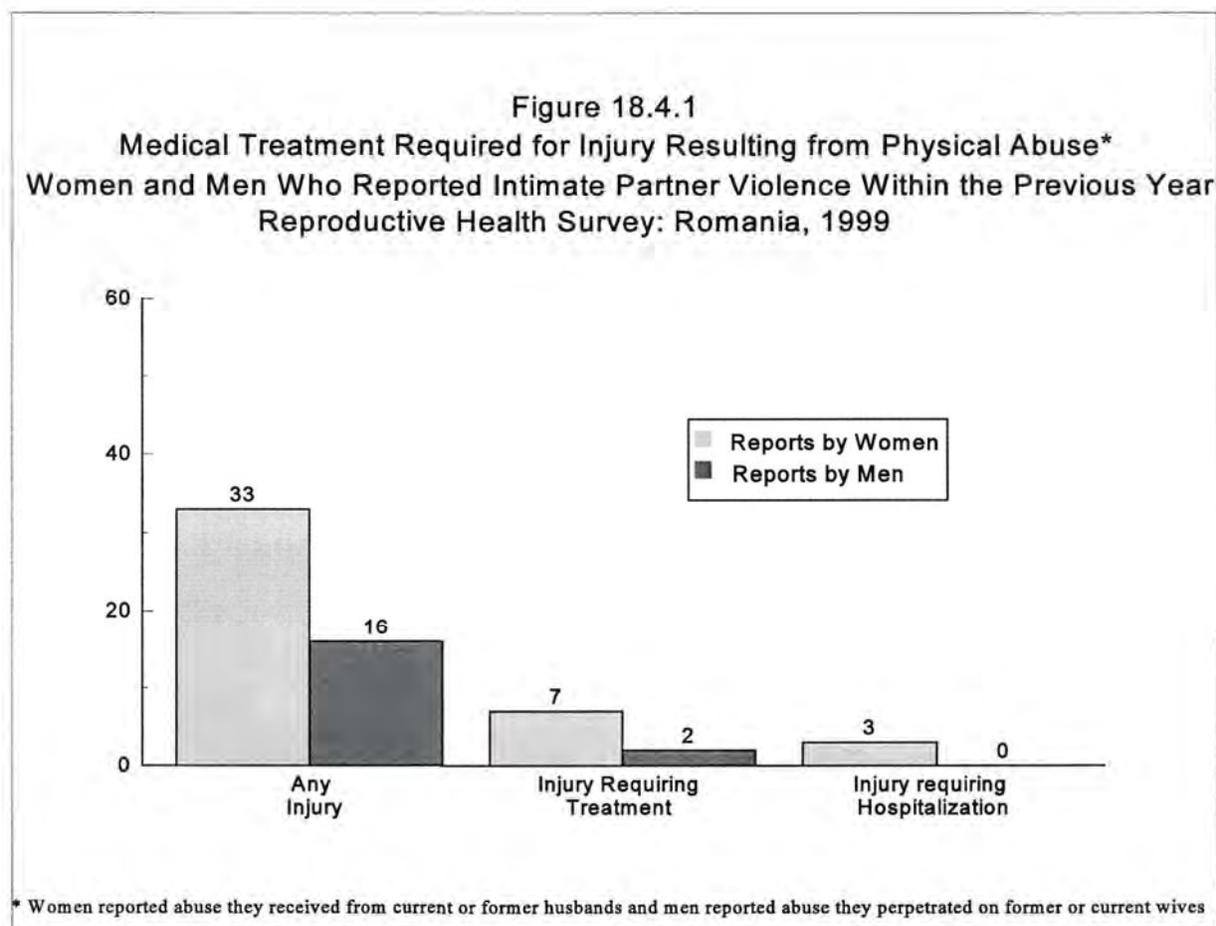


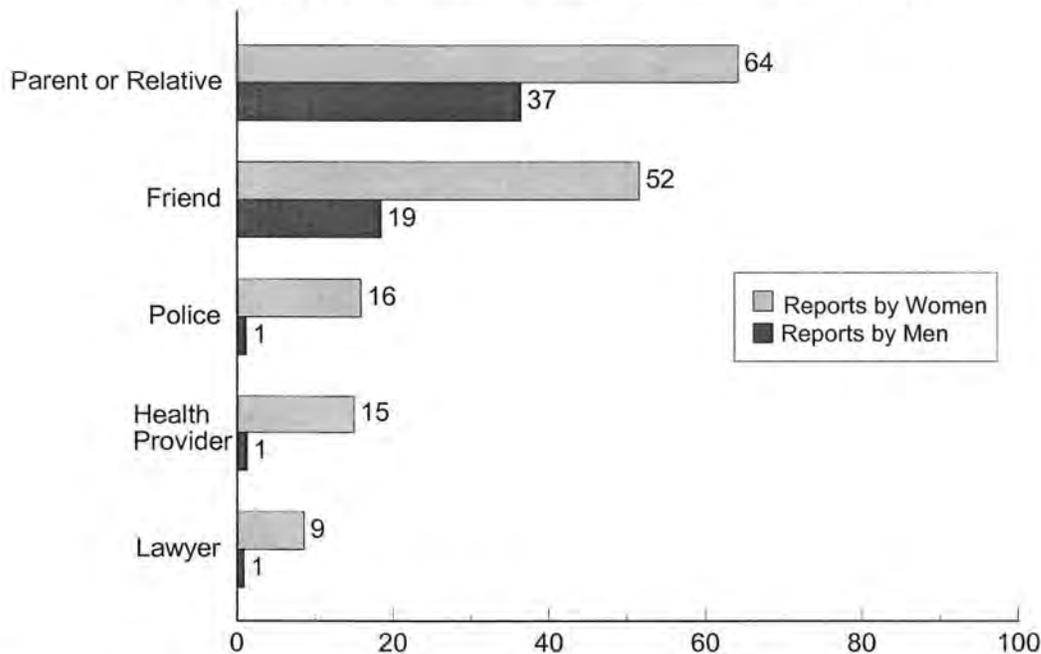
TABLE 18.4.1
Injury Resulting from Episodes of Intimate Partner Violence*
and Medical Treatment Required for the Injury
Women and Men of Reproductive Age Who Have Ever Been Married
and Reported Intimate Partner Violence Within the Previous Year
Reproductive Health Survey: Romania, 1999

Characteristics	Women Aged 15-44				Men Aged 15-49			
	Any Injury	Injury Requiring Medical Treatment	Injury Requiring Hospital Admission	No. of Cases	Any Injury	Injury Requiring Medical Treatment	Injury Requiring Hospital Admission	No. of Cases
Total	32.8	6.6	3.0	572	15.5	2.1	0.0	177
Residence								
Urban	30.9	7.7	2.9	243	15.4	2.9	0.0	80
Rural	35.0	5.3	3.1	329	15.7	1.2	0.0	97
Age Group								
15-24	16.1	0.0	0.0	112	†	†	†	15
25-34	37.7	9.7	3.2	271	16.2	1.5	0.0	74
35-44(49)	37.7	7.0	4.6	189	17.0	2.9	0.0	88
Marital Status								
Currently Married, In Union	32.7	6.6	2.9	541	14.4	2.1	0.0	173
Previously Married	35.1	6.6	4.7	31	†	†	†	4
No. of Living Children								
0-1	23.9	4.9	1.2	224	14.6	0.0	0.0	84
2	35.9	4.8	2.1	193	11.8	3.9	0.0	66
3+	42.5	11.3	6.8	155	25.6	3.4	0.0	27
Education Level								
Secondary Incomplete	33.4	6.7	3.2	446	17.2	1.8	0.0	129
Secondary Complete or More	30.9	6.1	2.2	126	10.3	2.8	0.0	48
Socio-economic Status								
Low	31.0	5.8	3.5	352	19.5	3.1	0.0	78
Medium or High	35.3	7.6	2.2	220	12.5	1.2	0.0	99
Ethnicity								
Romanian	33.2	6.5	2.5	463	14.4	2.4	0.0	153
Roma	27.5	8.8	5.8	84	†	†	†	19
Hungarian and Other	48.0	0.0	0.0	25	†	†	†	5

* Women reported abuse they received from former or current husbands and men reported abuse they perpetrated on their former or current wives.

† Fewer than 25 cases in this category.

Figure 18.4.2
 Percentage of Women With Recent Physical and Sexual Abuse*
 By Person They Talked to About the Abuse
 Reproductive Health Survey: Romania, 1999



* Women reported abuse they received from current or former husbands and men reported abuse they perpetrated on former or current wives.

As can be seen in [Figure 18.4.2](#), despite the seriousness of domestic violence (one-third of recently abused women abuse suffered injuries), women are reluctant to disclose their history of current abuse to health care providers or law enforcement authorities. Although between two-thirds and a half of women who have been abused during the past year had talked to a family member or a friend about it (see also [Table 18.4.2 A](#)), only 16% have reported the episodes of domestic violence to the police and 15% have talked to a medical care provider. Only 9% have sought legal counsel for recent domestic abuse.

Women aged 25-44 and women who were divorced or separated, were more likely to let a family member know about IPV. Reports to the police and legal counsel were more common among previously married women who were victims of recent IPV, probably because of the severity of the abuse and their intention to end an abusive relationship. These reports were also directly correlated with age and the number of living children; only 7% of 15-24-year-old women had talked to the police compared to 17% and 21% of their older counterparts. Similarly, women with three or more

TABLE 18.4.2A
Percentage of Women Who Were Physically Abused by An Intimate Partner During the Past Year
Who Have Talked About the Abuse With Family, Friends, Health Providers, Police, or Lawyers
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristics</u>	<u>Family</u>	<u>Friends</u>	<u>Police</u>	<u>Health Provider</u>	<u>Lawyer</u>	<u>No. of Cases</u>
Total	64.3	51.6	15.9	15.0	8.6	572
<u>Residence</u>						
Urban	62.5	56.5	15.7	17.2	11.6	243
Rural	66.5	46.0	16.2	12.4	5.3	329
<u>Age Group</u>						
15–24	54.8	33.3	7.4	0.2	3.4	112
25–34	66.9	58.5	16.6	16.8	8.2	271
35–44	67.4	55.2	20.6	22.2	12.6	189
<u>Marital Status</u>						
Currently Married, In Union	63.2	51.2	15.6	15.4	7.9	541
Previously Married	82.2	58.7	21.7	9.3	19.9	31
<u>No. of Living Children</u>						
0–1	64.0	50.1	12.5	9.1	7.2	224
2	62.6	47.5	13.8	16.5	9.0	193
3+	67.2	59.3	24.0	22.1	10.4	155
<u>Education Level</u>						
Secondary Incomplete	64.5	49.9	18.3	15.8	7.8	446
Secondary Complete or More	63.9	57.3	8.0	12.4	11.3	126
<u>Socio-economic Status</u>						
Low	66.9	48.9	16.9	13.5	5.6	352
Medium or High	60.9	55.4	14.6	17.1	12.8	220
<u>Ethnicity</u>						
Romanian	67.1	51.1	16.4	15.2	9.1	463
Roma	51.1	55.2	14.1	14.1	6.5	84
Other	69.0	47.6	15.0	15.6	9.1	25

children were twice as likely to talk to the police as childless or one-child women. Well-educated women were half as likely to talk to the police about their IPV experience as were lesser educated women. Discussions with a health provider were the least common among young victims (15-24 years of age), childless women, and previously married women.

TABLE 18.4.2B
Percentage of Men Who Physically Abused An Intimate Partner During the Past Year
Who Reported that They Know the Partner
Talked About the Abuse With Family, Friends, Health Providers, Police, or Lawyers
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

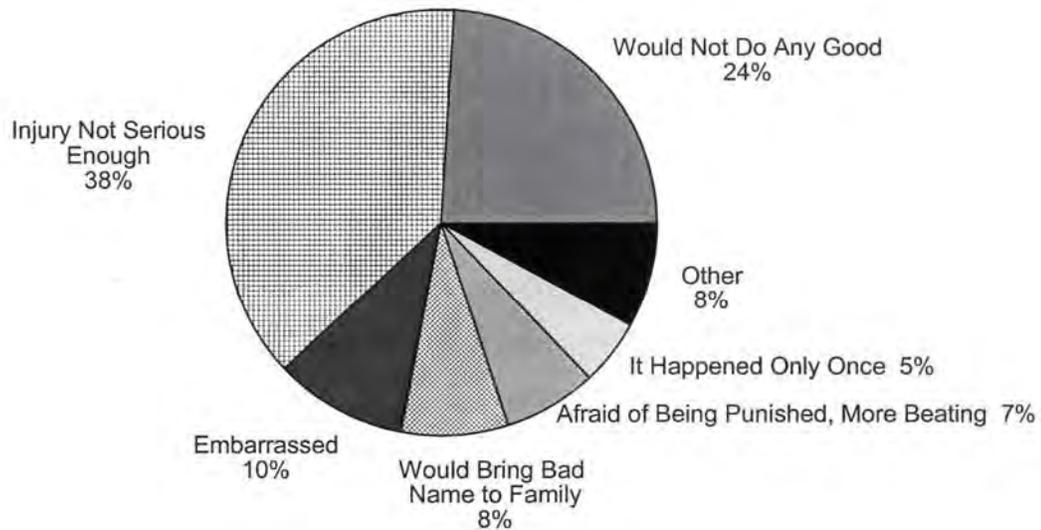
<u>Characteristic</u>	<u>Family</u>	<u>Friends</u>	<u>Police</u>	<u>Health Provider</u>	<u>Lawyer</u>	<u>No. of Cases</u>
Total	36.5	18.5	1.2	1.3	0.9	177
Residence						
Urban	35.7	18.3	1.0	0.0	1.0	80
Rural	37.3	18.7	1.4	2.7	0.8	97
Age Group						
15–24	*	*	*	*	*	15
25–34	37.7	15.1	0.0	1.0	0.0	74
35–44	38.2	21.2	1.4	1.9	0.8	88
Marital Status						
Currently Married, In Union	36.4	18.8	0.9	1.1	0.9	173
Previously Married	*	*	*	*	*	4
No. of Living Children						
0–1	33.9	19.4	0.0	0.0	0.0	84
2	39.9	18.8	3.3	3.7	2.5	66
3+	36.2	15.5	0.0	0.0	0.0	27
Education Level						
Secondary Incomplete	32.8	17.7	1.0	1.3	0.7	129
Secondary Complete or More	48.0	21.0	1.6	1.6	1.6	48
Socioeconomic Index						
Low	36.8	20.2	1.1	1.5	1.1	78
Medium or High	36.3	17.1	1.2	1.2	0.7	99

* Fewer than 25 cases in this category

Not surprisingly, men were less likely to know or to report that their abused partners have disclosed recent physical abuse. Only 36% of men knew that their partners were discussing these episodes with a family member, 19% knew about conversations with a friend, and only 1% were aware that IPV episodes were reported to the police, a lawyer or a health provider (Figure 18.4.2 and Table 18.4.2B). There was little variation in male reports on this topic by their background characteristics.

Figure 18.4.3

Reason for Not Seeking Medical or Legal Help for Intimate Partner Violence Among Ever Married Women Who Were Physically Abused in the Previous Year
Reproductive Health Survey: Romania, 1999



Given that very few women reported disclosure of IPV to a medical health provider and only about one in five of those who had injuries sought medical help, the medical community has to adopt active measures to detect abused women and prevent future episodes. Health care providers have to be aware of the relatively high prevalence of IPV and the reluctance of victims to seek treatment and should initiate inquiries about domestic violence experience during routine health visits. Such screening could effectively reduce the frequency and severity of intimate violence and could provide early interventions for domestically abused victims.

The most common reasons for a battered woman to not report acts of domestic violence to the law enforcement agencies or health providers are shown in [Figure 18.4.3](#). The most often cited reason was that the injuries were not severe enough (38%), followed by a widespread belief that no charges will be brought forth (24%) and fear of embarrassment for herself and for her family (18%).

18.5 Prevalence of Forced Sexual Intercourse

It is difficult to know the frequency of forced sexual intercourse because, unlike other aggressions, reporting to the police is very low. In countries with strong traditional values like Romania, one reason may be the shame and fear of social stigma. Another reason, particularly when the perpetrator is an intimate partner, is the poor treatment received by victims from law enforcement agencies and the failure of the criminal justice system to punish aggressors. Thus, population-based surveys inquiring about physical violence, including rape, are regarded as an alternate methodology to obtain information about the prevalence of these events with the understanding that it may be a minimum estimate due to underreporting. To estimate the prevalence of forced sexual intercourse, women were asked if they have "ever been forced by a man to have sexual intercourse against your will?" Respondents who answered affirmatively were considered to have been forced to have intercourse against their will and were asked their relationship with the perpetrator(s) and the age at which did the first forced intercourse occurred.

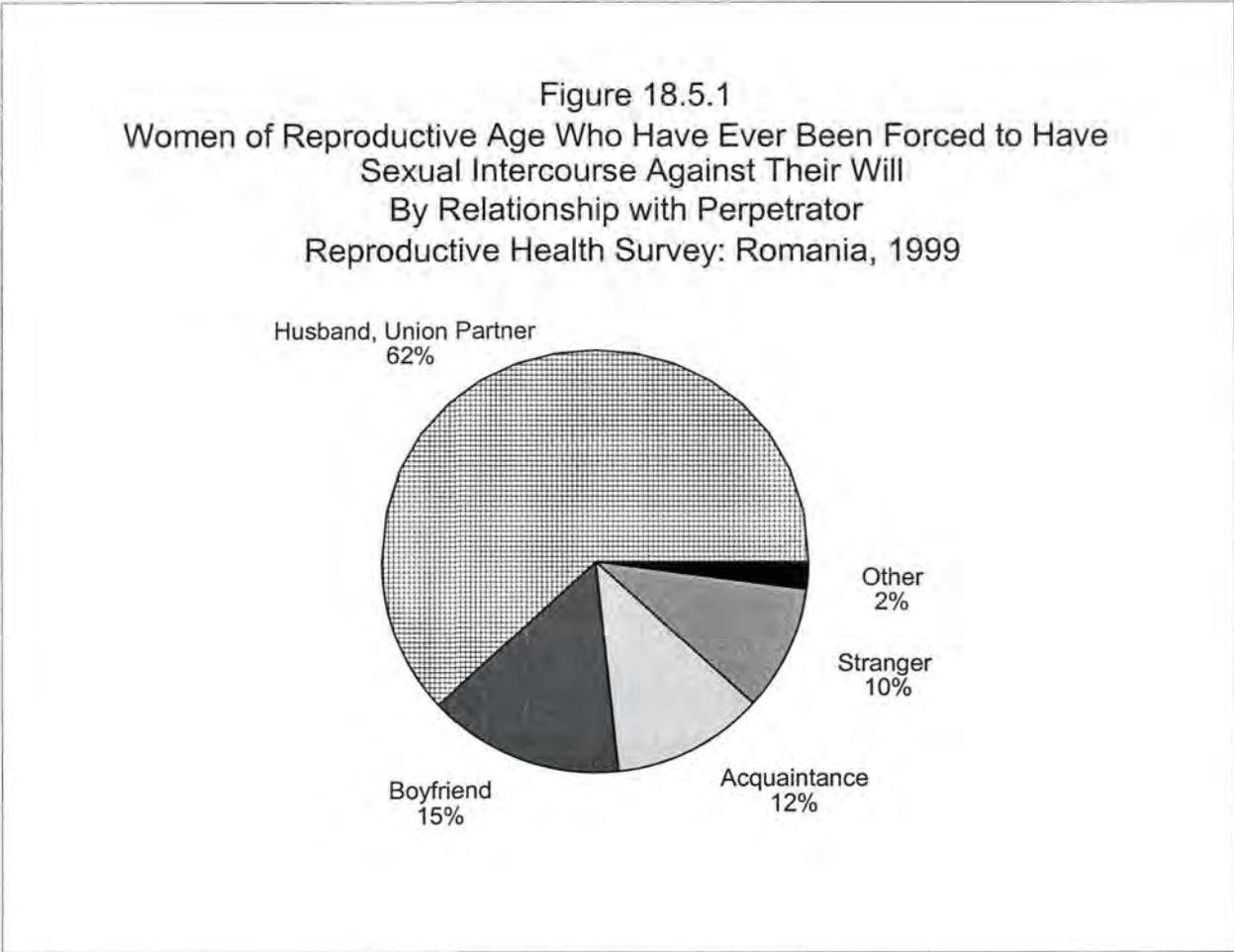
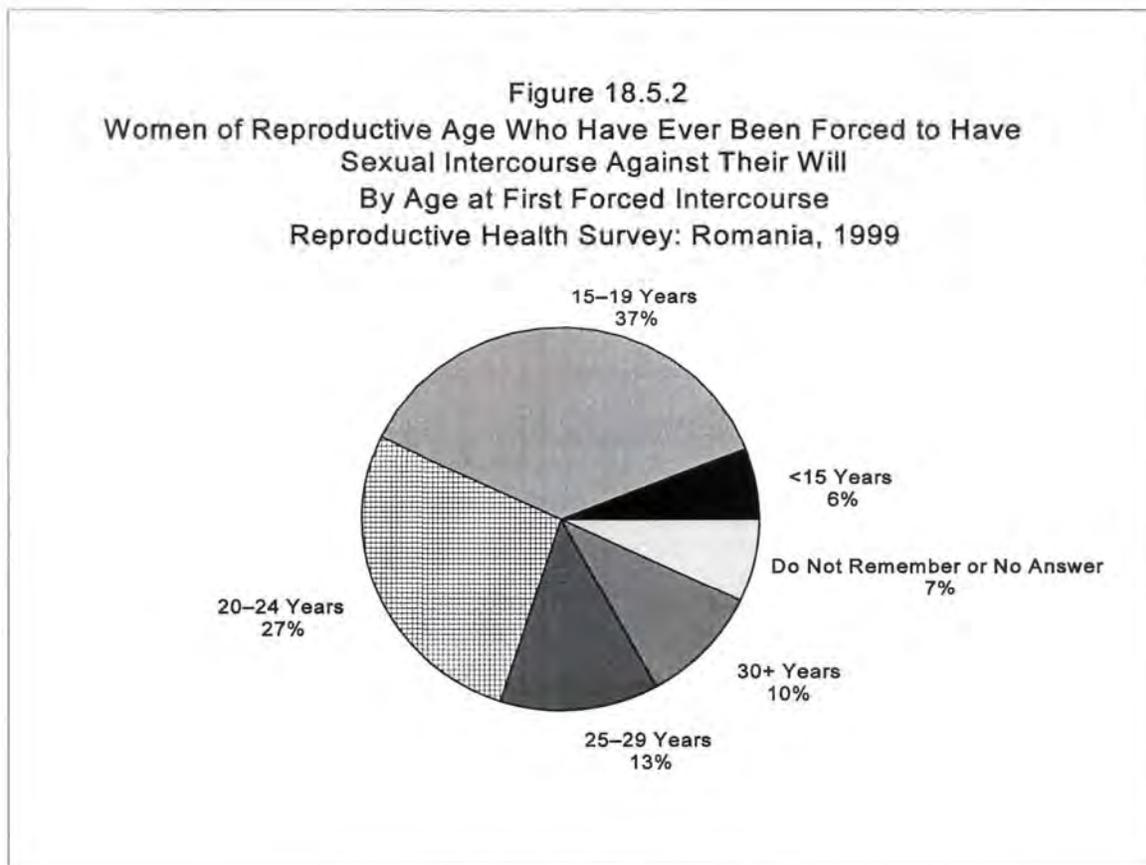


TABLE 18.5
Percentage of Women Who Have Ever Been Forced to Have Sexual Intercourse Against Their Will
and Their Relationship with the Perpetrator at the Time of the Forced Intercourse
by Selected Characteristics
Reproductive Health Survey: Romania, 1999

<u>Characteristic</u>	<u>Women With History of Forced Intercourse</u>		<u>Relationship with the Perpetrator Among Raped Victims (Percent Distribution)</u>						<u>No. of Cases</u>
	<u>%</u>	<u>N</u>	<u>Husband, Partner</u>	<u>Boyfriend</u>	<u>Acquaintance</u>	<u>Stranger</u>	<u>Other</u>	<u>Total</u>	
Total	7.8	6,888	61.9	14.9	11.6	9.6	2.1	100.0	541
<u>Residence</u>									
Urban	7.8	3,914	61.4	17.0	11.4	9.6	0.6	100.0	305
Rural	7.7	2,974	62.7	11.2	11.8	9.5	4.7	100.0	236
<u>Age Group</u>									
15-24	6.2	2,163	29.6	28.1	17.9	20.4	4.0	100.0	141
25-34	8.0	2,678	64.9	13.5	12.5	6.4	2.7	100.0	210
35-44	9.3	2,047	84.7	5.7	5.6	4.0	0.0	100.0	190
<u>Marital Status</u>									
Currently Married/In Union	7.3	4,846	74.1	10.6	6.5	7.1	1.7	100.0	354
Previously Married	23.9	476	79.6	1.5	12.7	4.7	1.5	100.0	111
Never Married	4.9	1,566	0.0	45.4	27.2	23.4	4.0	100.0	76
<u>No. of Living Children</u>									
0	5.4	2,330	14.4	35.6	26.6	20.1	3.3	100.0	133
1	8.5	1,927	71.5	5.7	12.6	8.9	1.3	100.0	153
2	8.4	1,844	81.8	7.8	2.6	5.4	2.4	100.0	142
3+	13.1	787	88.9	8.5	0.6	0.8	1.2	100.0	113
<u>Woman's Education Level</u>									
Secondary Incomplete	9.9	3,734	69.3	10.4	9.1	8.6	2.6	100.0	373
Secondary Complete	5.6	2,087	53.8	15.0	16.1	13.6	1.6	100.0	120
Post-secondary	4.9	1,067	31.5	42.9	18.2	7.4	0.0	100.0	48
<u>Socio-economic Status</u>									
Low	9.5	2,382	66.4	9.8	10.5	8.9	4.5	100.0	235
Medium	8.1	3,076	66.5	13.9	11.3	7.4	0.9	100.0	234
High	4.8	1,430	35.5	31.2	15.0	18.3	0.0	100.0	72
<u>Ethnicity</u>									
Romanian	7.3	6,004	61.2	16.7	10.9	9.0	2.2	100.0	449
Hungarian	4.2	442	59.5	8.2	16.7	15.6	0.0	100.0	19
Roma	19.5	346	65.6	5.2	15.3	11.9	2.0	100.0	65
Other	6.5	96	82.8	17.2	0.0	0.0	0.0	100.0	8



[Table 18.5](#) presents data on reported lifetime prevalence of forced sexual intercourse among women of reproductive age by individual characteristics. Overall, 8% of women of childbearing age reported they were subjected to forced sexual intercourse some time in their life. The prevalence of forced sexual intercourse was significantly higher among previously married women (24%), who probably may have ended their marriages because of sexual abuse, among women with three or more children (13%), and among Roma women (20%). As shown in [Table 18.5](#) and [Figure 18.5.1](#), most women have been raped by someone they know. Only one in ten women who has ever been raped reported having been raped by a stranger. Almost two-thirds of women were forced to have sexual intercourse by current or previous partners; 15% were raped by a boyfriend or ex-boyfriend; 12% were raped by a date or acquaintance.

[Figure 18.5.2](#) presents the distribution of age at first abuse for women who had ever been forced to have intercourse. The survey found that 43% of these women had been raped for the first time prior to age 20 (6% when they were less than 15 years of age and 37% between ages 15-19). Most of those who were not abused before age 20 were abused before turning age 30 (40%). Very few women (10%) reported first forced sex at age 30 or over. Almost 7% did not remember or refused to answer at what age they had been raped.

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ANNEX A

**SELECTED TABLES FOR USAID
PRIORITY JUDETS - 99RRHS**

CLUJ
CONSTANTA
IASI

The 1999 Romania Reproductive Health Survey (99RRHS) oversampled three judets (counties), Cluj, Constanta and Iasi, in the female sample to provide baseline data for special USAID supported project activities in these areas. With baseline data available, USAID and their Romanian partners have the option to repeat selected topics included in the 99RRHS in a future population based survey to have an impact evaluation of project activities.

Provided in this annex are selected tables for these judets with a summary description of the data in these tables. Other data on topics not presented here are available on request. With the exception of Table A.1, all results were adjusted for sample design, for interviewing only one respondent in the household, and for differential non-response rates by age and residence (post-stratification weights).

Household and individual completion rates are shown in Table A.1. Household composition, with from 44% to 50% of households having an eligible woman of reproductive age, was similar to that found for Romania (see main report: Table 2.1.A). In the three judets, individual completion rates ranged from 90% to 94% with an overall completion rate of 91%. This compares favorably to the completion rate of 90% for the entire survey. The final sample included 708 women in Cluj, 728 women in Constanta and 647 women in Iasi. If these judets were not oversampled, each judet would have had about 200 women with interviews.

The characteristics of women with complete interviews are shown for the three judets together, urban and rural areas, and each judet individually in Table A.2. There were no significant departures from the national data except for ethnicity where Cluj was similar to results for Transylvania region. Compared to the other two judets, Constanta and Iasi, Cluj had an older population of reproductive age women, a greater proportion reporting the Protestant religion and more concentration in the middle socioeconomic group. Iasi had the highest proportion of women classified as low socioeconomic status. Tables A.3 and A.4 show more detail on education level by Judet and marital status.

Tables A.5 through A.9 include results related to fertility and fertility desires. The distribution of number of children born alive (A.5) was similar to the overall data for Romania. The percentage of women reporting at least one abortion was highest in Constanta and lowest in Cluj (A.6); a greater proportion of women with an abortion history reported only one abortion in Cluj while 31% of women in Constanta reported four or more abortions (compared with 22% in Iasi and 8% in Cluj). The planning status of the last or current pregnancy was similar to the national data with less of half (45%) of pregnancies reported as intended (A.7). Almost all abortions (96%) resulted from unintended pregnancies and 87% of births were reported as intended.

Only one in six women (16%) report that they would like to get pregnant within the next two years (A.8). Most of these women have no living children or one child. Over 90% of women with two or more children do not want more children or report that they are subfecund or infecund. However, for all women, regardless of parity, this proportion ranged from 67% in Iasi and Constanta to 75% compared with 69% for Romania. Table A .9 presents data for fecund women who do not want more children. Overall, about 84% with two or more children did not want any more children. However, this figure was higher for Cluj (97%).

Current sexual activity status by marital status and age group and by judet is shown in Tables A.10 and A.11. The higher proportion of women with sexual experience documented in Cluj was probably associated with the older age distribution of reproductive age women in that judet.

Almost all women have heard of at least one modern method of contraception (Table A.12). Over 90% have heard of condoms, the IUD and oral contraceptives and three fourths of women have heard of tubal ligation. Otherwise, less than 50% have heard of other modern methods. More women in Cluj have heard of vasectomy and emergency contraception while more women in Constanta have heard of spermicides. Although most women have heard of the three most used modern methods, only four out of five women (79%) said that they know how condoms are used and just over half of women responded that they know how the IUD or pills are used (Table A. 14). For the latter two methods, these figures were well below the proportion of women who have "heard of the method." Knowledge of how to use methods was highest in Cluj for all methods, with the exception of spermicides. At least 75% of women said that they know where to get condoms, the IUD or the pill (Table A. 15). Knowledge of supply sources was lowest in Iasi.

The next set of tables shows women's opinions on contraceptive effectiveness when the method is used correctly and consistently , for all three Judets together and for each judet individually (Tables A.16, A.16.1, A.16.2, and A.16.3). Overall, one fourth to one sixth of women never heard of vasectomy, withdrawal, the calendar method or tubal ligation. Approximately half never heard of spermicides and 72% emergency contraception or injectables. Restricting our comments to the better known and most used modern methods, 60% -67% of women considered the condom, pill and IUD to be effective or very effective in preventing pregnancy. Although they are used by many couples, around 46% of women said that calendar and withdrawal have low effectiveness or are not effective in preventing pregnancy. Knowledge by judet was similar but women in Cluj tended to have better knowledge of contraceptive effectiveness.

Overall, taking the three judets together, contraceptive use by marital status and method mix was very similar to the national data (Table A. 17). For women in union, contraceptive prevalence was highest in Cluj (71%) and lowest in Constanta (54%) (Table A. 18). The prevalence in Cluj was

7 percentage points higher than the national level (64%), evenly split between modern and traditional methods. IUD use in Cluj and Iasi was greater than the national and regional averages.

Characteristics of users are shown in Tables A.19-A.22. Between 43% of users in Iasi and 51% of users in Constanta were using a modern method (the national average of modern method use was 46%). As seen in the national data, condom and pill use decreased as the number of living children increased whereas the use of IUD and female sterilization was directly correlated with woman's parity. Contraceptive use was positively associated with education, especially for modern methods.

Most women in the three judets got their contraceptives in pharmacies or in public sector hospitals, polyclinics and dispensaries. Condoms and pills were mostly procured in pharmacies and the IUD in public sector facilities.

Most users (89%) were satisfied with the method they were using (Table A.24). For pill and IUD users dissatisfied with their methods, the concern was principally side effects or health concerns. For condom users, the main reason for dissatisfaction was that "condom is unpleasant to use." Traditional method users complained about method failure in the past. One fourth (25%) of women said that they would have preferred to use another method (Table A.25). Most of these women were condom or traditional method users and would have preferred to use the pill or IUD. This data is shown for each judet in Tables A.25.1-A.25.3. Calendar users were the most dissatisfied in Iasi. Otherwise, there were no great differences in the patterns between judets. Most women who would have preferred to use another method were not doing so because they were still thinking about it or had fear of side effects (Table A.26). Cost was also a factor, especially for women in Iasi.

The reason for not using contraception was principally related to pregnancy reasons or fecundity impairments (Table A.27). Using the information on contraceptive use, sexual activity, fecundity and pregnancy and pregnancy intention, the potential demand and unmet need for family planning services were calculated as was done in Chapter 9 of the main report. For Romania, 7% of women in union were in need of any contraceptive method and 44% were in need of a modern method to better prevent unintended pregnancies. For the three priority Judets, the corresponding figures were 13% and 45%, respectively (Table A.28). As shown in Table A.29, the proportion of women in union at risk for an unintended pregnancy was highest in Constanta (20%) compared with Iasi (11%) and Cluj (10%). Because there were fewer traditional method users in Constanta, the proportion in need for any or more effective contraception was essentially the same in all three judets (44%-46%).

Data on young adults are presented in Tables A.30-A.35. In the three priority judets, 52% of young adults were sexually experienced compared with 53% in Romania. Sexual experience rates ranged from 49% in Iasi to 56% in Cluj. The percentage of sexually experienced young adults reporting premarital sexual experience in the three judets was 83% compared with 77% nationally. This proportion ranged from 73% in Iasi to 91% in Cluj.

About one half (53%) of young adult women used contraception at first intercourse, similar to the proportion reported in the whole sample (51%). One third used contraception at first intercourse following marriage and 57% at first premarital sexual experience, again similar to national reports (Chapter XV). The main reasons for not using contraception at first premarital intercourse were "not thinking about using a method" and "sexual intercourse was unexpected". For women married at first intercourse, the main reasons were that the woman " wanted to get pregnant" or "did not think about using a method."

About 75% of sexually experienced unmarried young adults reported being sexually active within the past three months. This was essentially equal to the national average of 76%. At most recent intercourse, 60% of married and 78% of unmarried young adults reported that they or their partner used contraception. A much higher proportion of unmarried women used modern methods (48% vs. 24%), mostly condoms and the pill. The overall contraceptive use by unmarried women ranged from 68% in Iasi, to 77% in Constanta, to 82% in Cluj. However, modern method use was highest in Constanta (54%) and lowest in Iasi (41%).

Most young adult women reported only one partner or no partner in the last three months: 99% of married women and 98% of unmarried women. This is true for all three judets. Of all sexually experienced young adult women in the three judets, 32% reported that they have had two or more lifetime partners; however, 28% of unmarried women 15-24 years of age reported three or more lifetime partners compared with only 6% of married young adults. Young adult women in Cluj were most likely to have had three or more lifetime partners.

TABLE A.1
Results of the Household Visits and Interview Status of the Eligible Women By Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999
(Percent Distribution)

<u>Households</u>	<u>Total</u>	Judet		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
Identified Eligible Women*	47.2	48.0	49.8	43.7
No eligible Women	46.6	44.9	45.1	49.7
Unoccupied Household	3.8	4.9	3.2	3.5
Resident(s) Not At Home	1.2	0.7	1.3	1.6
Household Refusal	1.2	1.5	0.6	1.5
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Households</u>	4,836	1,620	1,566	1,650
<u>Eligible Women</u>				
Completed Interviews	91.4	91.0	93.5	89.7
Selected Respondent Absent	6.4	5.7	4.7	9.0
Selected Respondent Refusal	1.7	2.8	1.3	0.8
Other†	0.5	0.5	0.5	0.4
<u>Total</u>	100.0	100.0	100.0	100.0
<u>Number of Eligible Women</u>	2,278	778	779	721
<u>Completed Interviews</u>	2,083	708	728	647

* Includes women aged 15–44 years who had complete or incomplete interviews, who were absent or handicapped, or who refused to be interviewed.

† Includes women with a handicap preventing them to be interviewed and women with incomplete interviews.

TABLE A.2
Percent Distribution of Characteristics of Eligible Women with Completed Interviews
by Residence And Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Total</u>	<u>Residence</u>		<u>Judets</u>		
		<u>Urban</u>	<u>Rural</u>	<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Age Group</u>						
15-24	39.5	38.8	41.5	34.9	42.0	41.3
25-34	33.0	32.0	35.6	30.8	34.9	33.1
35-44	27.5	29.3	23.0	34.3	23.1	25.6
<u>Education</u>						
Primary or Less	16.9	9.6	35.9	11.2	20.3	18.8
Secondary Incomplete	37.9	36.0	42.9	36.3	34.0	42.8
Secondary Complete	29.5	34.1	17.2	35.3	30.7	23.2
Postsecondary	15.8	20.3	4.1	17.2	15.0	15.2
<u>No. of Living Children</u>						
0	43.7	46.4	36.7	42.4	45.4	43.3
1	24.3	25.9	19.9	24.8	26.3	21.9
2	20.8	20.2	22.3	24.8	18.4	19.4
3	6.5	4.6	11.4	5.4	4.8	9.1
4+	4.8	2.9	9.7	2.7	5.1	6.3
<u>Marital Status</u>						
Currently Married	56.6	53.4	60.8	59.9	52.5	54.5
Consensual Union	6.0	5.5	7.1	4.3	8.4	5.2
Previously Married	6.6	6.9	5.8	6.0	6.4	7.3
Never Married	31.9	34.0	26.3	29.7	32.7	33.0
<u>Religion</u>						
Orthodox	87.1	89.0	82.1	77.3	94.1	89.5
Protestant	5.7	5.2	7.0	16.6	0.6	0.5
Catholic	3.8	2.0	8.5	2.1	0.6	8.2
Other	3.4	3.8	2.5	4.0	4.6	1.9
<u>Ethnicity</u>						
Romanian	88.7	89.4	86.7	80.2	88.3	96.5
Hungarian	5.1	4.6	6.5	16.2	0.0	0.0
Roma	4.5	3.9	5.9	3.2	6.8	3.5
Other	1.8	2.1	0.9	0.5	4.9	0.0
<u>Socioeconomic Status</u>						
Low	27.0	7.5	78.2	13.4	28.2	37.9
Middle	51.5	63.9	18.8	63.7	42.2	49.1
High	21.5	28.6	3.1	22.9	29.6	13.0
<u>Employment</u>						
Working	43.5	51.1	23.6	53.3	37.4	40.3
Not Working	56.5	48.9	76.4	46.7	62.6	59.7
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	2,083	1,378	705	708	728	647

TABLE A.3
Educational Attainment by Age Group Of Women Aged 15–44 Years with Completed Interviews
By Judet And Age Group
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Judet And Age Group</u>		<u>Education Level</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
		<u>Primary or Less</u>	<u>Secondary Incomplete</u>	<u>Secondary Complete</u>	<u>College & University</u>		
Total 3 Judets	15–44	16.9	37.9	29.5	15.8	100.0	2,083
	15–24	19.5	40.7	22.0	17.8	100.0	699
	25–34	7.2	36.6	37.7	18.5	100.0	799
	35–44	24.7	35.5	30.2	9.6	100.0	585
<u>Cluj</u>	15-24	10.3	41.0	24.9	23.9	100.0	209
	25-34	3.9	32.5	43.4	20.2	100.0	256
	35-44	18.5	35.0	38.6	7.8	100.0	243
<u>Constanta</u>	15-24	23.0	36.1	25.7	15.2	100.0	263
	25-34	8.3	35.6	37.8	18.3	100.0	288
	35-44	33.7	27.9	28.9	9.4	100.0	177
<u>Iasi</u>	15-24	23.2	44.6	16.5	15.7	100.0	227
	25-34	8.9	40.8	33.0	17.3	100.0	255
	35-44	24.6	42.3	21.3	11.9	100.0	165

TABLE A.4
Current Marital Status Of Women Aged 15–44 Years
By Selected Characteristics
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Marital Status</u>				<u>Total</u>	<u>Unweighted No. of Cases</u>
	<u>Married</u>	<u>Consensual Union</u>	<u>Previously Married</u>	<u>Never Married</u>		
<u>Total</u>	55.6	6.0	6.6	31.9	100.0	2,083
<u>Residence</u>						
Urban	53.6	5.5	6.9	34.0	100.0	1,378
Rural	60.8	7.1	5.8	26.3	100.0	705
<u>Priority Judets</u>						
Cluj	59.9	4.3	6.0	29.7	100.0	708
Constanta	52.5	8.4	6.4	32.7	100.0	728
Iasi	54.5	5.2	7.3	33.0	100.0	647
<u>Age Group</u>						
15–24	18.7	6.1	3.2	72.1	100.0	699
25–34	75.6	7.9	7.7	8.9	100.0	799
35–44	84.6	3.6	10.3	1.6	100.0	647
<u>Education Level</u>						
Primary or Less	55.4	11.2	7.8	25.7	100.0	375
Secondary Incomplete	54.0	6.1	5.4	34.5	100.0	764
Secondary Complete	66.3	4.3	6.8	22.7	100.0	629
Postsecondary	39.7	3.1	8.0	49.2	100.0	315
<u>Socio-economic Status</u>						
Low	57.2	11.1	5.8	25.9	100.0	645
Middle	56.0	4.2	7.8	32.0	100.0	1,004
High	52.5	3.7	4.8	39.0	100.0	434
<u>Ethnicity</u>						
Romanian	55.8	5.3	6.3	32.6	100.0	1,817
Hungarian	63.9	1.9	8.6	25.6	100.0	129
Roma	47.1	22.9	9.4	20.6	100.0	96
Other	39.4	11.0	8.2	41.4	100.0	41
<u>Employment</u>						
Employed	66.8	4.5	9.1	19.5	100.0	79
Unemployed	46.9	7.1	4.7	41.4	100.0	25

Table A.5
Number of Children Born Alive By Current Age of the Respondents
Among All Women and Among Women Currently In Union Aged 15–44
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Number of Children Born Alive</u>	<u>All Women</u>			
	<u>Total</u>	<u>(Current Age)</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–44</u>
0	43.6	85.9	24.4	5.7
1	23.0	10.8	38.2	22.5
2	20.9	2.9	24.8	42.0
3	7.1	0.4	8.1	15.5
4	3.0	0.1	2.8	7.6
5 Or More	2.5	0.0	1.8	6.8
<u>Total</u>	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	2,083	699	799	585
<u>Number of Children Born Alive</u>	<u>Women in Union</u>			
	<u>Total</u>	<u>(Current Age)</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–44</u>
0	16.5	49.9	15.5	4.3
1	33.1	36.7	42.4	21.0
2	32.0	11.6	27.9	44.9
3	10.6	1.5	8.9	16.2
4	4.0	0.3	3.3	6.2
5 Or More	3.8	0.0	2.0	7.5
<u>Total</u>	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	1,422	222	683	517

TABLE A.6
Percentage of Women Who Have Had at Least One Abortion
And Percent Distribution Of Number of Lifetime Abortions
Among Women Who Have Had At Least One Abortion, By Selected Characteristics
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

Characteristic	Percent Who Had At Least One Abortion		Number Of Abortions Among Women Who Have Had At Least One Abortion						No. of Cases
	%	No. of Cases	1	2	3	4-5	6+	Total	
Total	35.3	2,083	37.4	23.7	16.8	11.5	10.6	100.0	798
Residence									
Urban	37.3	1,378	36.9	24.5	17.6	11.2	9.8	100.0	554
Rural	30.2	705	39.1	20.8	14.2	12.4	13.5	100.0	244
Priority Judets									
Cluj	27.8	708	59.5	22.7	10.2	5.5	2.1	100.0	215
Constanta	43.7	728	25.6	25.1	18.3	15.2	15.9	100.0	343
Iasi	34.3	647	35.2	22.6	19.9	11.5	10.7	100.0	240
Age Group									
15-24	11.7	699	59.3	27.4	7.3	4.1	2.0	100.0	92
25-34	49.5	799	37.2	23.8	18.0	11.1	9.9	100.0	404
35-44	52.1	647	30.5	22.3	18.6	14.4	14.3	100.0	302
Education Level									
Secondary Incomplete or less	34.8	1,139	30.0	21.1	19.7	14.2	15.0	100.0	438
Secondary Complete	43.4	629	45.6	26.7	13.3	9.6	4.8	100.0	285
Postsecondary	21.7	315	48.0	26.8	13.8	3.3	8.1	100.0	75
No. of Living Children									
0	11.0	779	59.1	22.9	7.3	4.7	6.0	100.0	93
1	50.2	562	42.8	22.6	17.4	10.4	6.9	100.0	277
2	58.9	495	32.7	23.5	17.3	14.0	12.4	100.0	289
3 Or More	54.0	247	18.9	26.7	22.1	14.1	18.3	100.0	139
Socioeconomic Status									
Low	35.1	645	31.1	21.2	16.9	17.2	13.6	100.0	254
Middle	36.7	1,004	39.0	24.6	17.0	8.6	10.8	100.0	391
High	32.3	434	41.7	24.4	16.2	11.7	6.0	100.0	153
Ethnicity									
Romanian	35.7	1,817	36.7	23.7	17.3	11.5	10.8	100.0	708
Hungarian	27.5	129	63.2	34.0	2.8	0.0	0.0	100.0	35
Roma	41.9	96	29.6	15.5	17.9	21.1	15.9	100.0	44
Other	24.0	41	*	*	*	*	*	*	11

* Fewer than 25 observations in this category.

TABLE A.7
Planning Status Of Last Pregnancy Within the Last Five Years (Including Current Pregnancy)
Women 15–44 Years of Age
By Selected Characteristics
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Planning Status Of Last Pregnancy</u>				<u>Total</u>	<u>N</u>
	<u>Intended</u>	<u>Mistimed</u>	<u>Unwanted</u>	<u>Not Sure</u>		
Total	45.4	10.4	43.3	0.9	100.0	858
<u>Pregnancy Outcome</u>						
Current Pregnancy	71.5	17.4	9.4	1.7	100.0	59
Live Birth	86.9	8.7	4.2	0.2	100.0	326
Induced Abortion	3.8	10.7	84.5	1.1	100.0	407
Other Pregnancies	69.8	10.5	17.1	2.6	100.0	66
<u>Residence</u>						
Urban	42.3	10.2	46.6	0.9	100.0	494
Rural	51.0	10.8	37.2	1.0	100.0	364
<u>Priority Judets</u>						
Cluj	54.6	4.5	40.3	0.6	100.0	230
Constanta	36.6	12.7	49.6	1.2	100.0	339
Iasi	48.2	12.0	38.9	0.9	100.0	289
<u>Age At Pregnancy Outcome</u>						
15–24	54.1	17.9	27.6	0.4	100.0	241
25–34	43.1	7.6	48.2	1.1	100.0	417
35–44	23.3	2.5	72.9	1.4	100.0	110
<u>Number of Living Children</u>						
0	31.1	26.6	42.4	0.0	100.0	87
1	55.2	8.6	35.2	1.1	100.0	380
2	39.8	8.7	50.7	0.8	100.0	261
3	30.5	4.9	62.7	1.9	100.0	79
4+	46.6	6.3	45.6	1.2	100.0	51
<u>Marital Status</u>						
Currently Married or In Union	47.0	10.0	42.1	0.9	100.0	780
Previously Married or In Union	46.9	8.7	42.8	1.7	100.0	52
Never Married or In Union	6.5	22.8	70.7	0.0	100.0	26
<u>Education Level</u>						
Secondary Incomplete or less	41.9	8.8	48.4	0.9	100.0	464
Secondary Complete	47.5	11.5	40.1	1.0	100.0	303
Post-secondary	54.9	14.4	29.7	1.0	100.0	91

TABLE A.8
Fertility Preferences by Number of Living Children, Age Group and Judet
Women Currently In Legal or Consensual Marriage Aged 15-49 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Desire For Children</u>	<u>Total</u>	<u>Number of Living Children*</u>					<u>Four or More</u>
		<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>		
Want a Child Now	5.9	23.4	5.1	1.9	1.2	0.6	
Want a Child Within A Year	3.0	12.1	3.4	0.2	0.0	0.0	
Want a Child After 1-2 Years	7.5	19.5	11.7	1.4	0.5	0.0	
Want a Child After 3-5 Years	6.3	11.1	11.3	1.8	0.7	0.0	
Want a Child Later than Five Years	1.4	2.2	1.6	1.0	1.0	0.9	
Undecided	6.4	6.7	10.5	3.4	2.8	2.4	
Want No More Children	53.8	3.8	42.2	79.3	76.4	62.8	
Subfecund/Infecund	15.8	21.2	14.2	11.0	17.5	33.3	
Total	100.0	100.0	100.0	100.0	100.0	100.0	
Unweighted No. of Cases	1,418 [†]	188	520	475	138	97	

<u>Desire For Children</u>	<u>Total</u>	<u>Age Group</u>			<u>Judet</u>		
		<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
Want a Child Now	5.9	13.1	7.3	1.4	5.3	8.4	4.1
Want a Child Within an Year	3.0	6.6	4.1	0.3	2.9	2.4	3.7
Want a Child After 1-2 Years	7.5	17.9	10.3	0.2	8.2	6.7	7.6
Want a Child After 3-5 Years	6.3	17.1	8.2	0.0	3.5	7.0	8.4
Want a Child Later than Five Years	1.4	6.3	0.8	0.1	0.2	2.3	1.7
Undecided	6.4	11.6	8.4	2.0	4.7	6.7	7.6
Want No More Children	53.8	23.9	52.5	67.1	61.7	48.6	51.2
Subfecund/Infecund	15.8	3.6	8.3	29.0	13.6	17.9	15.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted No. of Cases	1,418[†]	219	683	516	493	486	439

* Women pregnant at the time of interview are classified as having one more child than the actual number.

† Exclude four women with missing data.

TABLE A.9
Percent of Fecund Women In Union Reporting They Want No More Children
by Number of Living Children and Selected Characteristics
Women 15–44 Years of Age
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Total</u>	<u>Number of Living Children*</u>				
		<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four or More</u>
<u>Total</u>	63.6	4.6	47.2	84.1	85.3	84.2
<u>Unweighted No. of Cases</u>	1,206	148	448	425	114	71
<u>Residence</u>						
Urban	64.3	4.9	55.2	93.9	96.8	†
Rural	62.0	3.8	29.6	77.8	88.7	97.1
<u>Priority Judets</u>						
Cluj	70.8	2.9	59.5	97.1	97.0	†
Constanta	59.2	7.7	49.8	85.5	89.2	97.3
Iasi	60.5	3.0	37.6	82.1	91.8	90.4
<u>Age Group</u>						
15-24	24.3	0.8	32.9	69.6	†	†
25-34	57.3	6.6	43.3	83.2	90.4	86.3
35-44	94.3	†	86.8	96.5	97.4	100.0
<u>Education Level</u>						
Secondary Incomplete	68.6	3.1	43.6	84.0	91.7	94.8
Secondary Complete	63.1	4.5	56.8	95.2	†	†
Post-Secondary	43.2	6.4	40.2	97.5	†	†

* Women pregnant at the time of interview are classified as having one more child than the actual number.
† Fewer than 25 observations in that category

TABLE A.10
Sexual Activity Status by Current Marital Status and by Current Age
Women Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Sexual Activity Status</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Married/ In Union</u>	<u>Previously Married</u>	<u>Never Married</u>
Never Had Intercourse	20.5	0.0	0.0	64.5
Currently Pregnant Or Postpartum	3.3	5.3	0.4	0.0
Ever Had Intercourse	79.5	100.0	100.0	35.5
• Within the Last Month	59.4	84.1	24.9	18.9
• 1-3 Months Ago	8.0	7.0	17.6	8.1
• Over 3 Month Ago but Within Last Year	4.3	2.3	14.0	6.0
• One Year or Longer	4.3	1.2	1.0	0.0
• One Month or Longer-Unknown Interval	0.1	0.1	1.0	0.0
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	2,083	1,422	140	521
<u>Sexual Activity Status</u>	<u>Total</u>	<u>Age Group</u>		
		<u>15-24</u>	<u>25-34</u>	<u>35-44</u>
Never Had Intercourse	20.5	48.3	3.8	0.8
Currently Pregnant Or Postpartum	3.3	3.6	5.2	0.7
Ever Had Intercourse	79.5	51.7	96.2	99.2
• Within the Last Month	59.4	32.1	75.5	79.3
• 1-3 Months Ago	8.0	8.6	7.5	7.9
• Over 3 Month Ago but Within Last Year	4.3	5.3	4.1	3.0
• One Year or Longer	4.3	2.1	3.9	8.1
• One Month or Longer-Unknown Interval	0.1	0.0	0.1	0.3
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	2,083	699	799	585

TABLE A.11
Sexual Activity Status by Judet
Women Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Sexual Activity Status</u>	<u>Total</u>	<u>Judet</u>		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
Never Had Intercourse	<u>20.5</u>	<u>16.7</u>	<u>21.5</u>	<u>23.1</u>
Currently Pregnant Or Postpartum	3.3	2.5	4.1	3.3
Ever Had Intercourse	<u>79.5</u>	<u>83.3</u>	<u>78.5</u>	<u>76.9</u>
• Within the Last Month	59.4	66.5	58.4	54.0
• 1–3 Months Ago	8.0	7.2	7.1	9.7
• Over 3 Month Ago but Within Last Year	4.3	3.8	5.1	3.9
• One Year or Longer	4.3	3.0	3.7	6.0
• One Month or Longer-Unknown Interval	0.1	0.3	0.1	0.0
<u>Total</u>	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	2,083	708	728	647

Table A.12
Percentage of Women 15–44 Years of Age Who Have Heard of Specific Contraceptive Methods
by Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Judet</u>		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Any Method</u>	<u>99.7</u>	<u>99.5</u>	<u>99.8</u>	<u>99.7</u>
<u>Any Modern Method</u>	<u>99.5</u>	<u>99.5</u>	<u>99.4</u>	<u>99.5</u>
Condom	98.5	98.9	98.7	98.0
IUD	93.9	94.5	94.8	92.5
Pills	92.9	96.9	94.2	88.0
Tubal Ligation	75.2	78.5	76.1	71.4
Spermicides	46.6	46.2	58.9	35.8
Vasectomy	43.6	50.5	45.3	36.1
Emergency Contraception	29.6	40.5	22.8	26.1
Injectables (Depo-Provera)	27.8	31.2	22.3	29.8
<u>Any Traditional Method</u>	<u>94.0</u>	<u>93.3</u>	<u>96.3</u>	<u>92.4</u>
Calendar	86.9	85.2	92.7	83.1
Withdrawal	83.8	85.4	86.4	80.1
<u>Unweighted No. of Cases</u>	<u>2,083</u>	<u>708</u>	<u>728</u>	<u>647</u>

TABLE A.13
Percentage of Women 15–44 Years of Age Who Have Heard of Specific Contraceptive Methods
by Age Group and By Marital Status
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Age Group</u>			<u>Marital Status</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–49</u>	<u>Married& In Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Any Method</u>	<u>99.7</u>	<u>99.5</u>	<u>99.9</u>	<u>99.6</u>	<u>99.8</u>	<u>99.1</u>	<u>99.6</u>
<u>Any Modern Method</u>	<u>99.5</u>	<u>99.3</u>	<u>99.7</u>	<u>99.4</u>	<u>99.5</u>	<u>98.5</u>	<u>99.5</u>
Condom	98.5	98.9	98.7	97.7	98.2	96.8	99.4
IUD	93.9	88.3	98.5	96.4	97.5	91.0	87.4
Pills	92.9	91.0	96.0	91.7	93.2	90.7	92.7
Tubal Ligation	75.2	56.5	86.8	88.0	84.9	84.1	54.5
Spermicides	46.6	41.3	57.7	40.9	47.4	54.3	43.5
Vasectomy	43.6	39.9	50.7	40.5	41.7	49.3	46.3
Emergency Contraception	29.6	32.3	33.0	21.4	25.1	26.8	38.7
Injectables (Depo-Provera)	27.8	26.0	33.8	23.2	28.5	25.4	27.1
<u>Any Traditional Method</u>	<u>94.0</u>	<u>87.0</u>	<u>99.2</u>	<u>97.8</u>	<u>98.6</u>	<u>97.3</u>	<u>84.3</u>
Calendar	86.9	78.7	93.0	91.5	90.9	88.1	79.0
Withdrawal	83.8	65.5	96.6	94.8	96.1	95.2	57.7
<u>Unweighted No. of Cases</u>	<u>2,083</u>	<u>699</u>	<u>799</u>	<u>585</u>	<u>1,422</u>	<u>140</u>	<u>521</u>

TABLE A.14
Percentage of Women 15–44 Years of Age
Who Say That They Know How Contraceptive Methods are Used
By Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Judet</u>		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Any Method</u>	93.5	96.9	93.6	90.3
<u>Any Modern Method</u>	86.6	93.0	86.8	80.7
Condom	79.4	88.4	80.9	70.1
IUD	56.7	65.2	55.6	50.1
Pills	54.4	64.9	56.3	43.3
Tubal Ligation	47.5	55.6	43.9	43.6
Spermicides	28.9	26.5	40.1	21.0
Vasectomy	23.5	30.1	23.6	17.7
Emergency Contraception	17.9	24.6	14.5	15.1
Injectables (Depo-Provera)	13.6	17.2	10.9	12.9
<u>Any Traditional Method</u>	85.0	88.5	86.0	81.2
Withdrawal	77.3	81.6	77.6	73.4
Calendar	68.1	72.2	69.2	63.4
<u>Unweighted No. of Cases</u>	2,083	708	728	647

Table A.15
Percentage Of Women 15–44 Years of Age Who Know Where To Get Supplied Contraceptive
Methods By Judet
Reproductive Health Survey : Romania, USAID Priority Judets, 1999

<u>Contraceptive Method</u>	<u>Total</u>	<u>Judet</u>		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Any Supplied Method</u>	<u>93.6</u>	<u>97.4</u>	<u>94.6</u>	<u>89.3</u>
		<u>97.4</u>	<u>95.0</u>	<u>96.2</u>
Condom	90.0	93.9	92.6	84.2
Pill	81.0	89.0	83.0	72.2
IUD	75.8	85.3	78.5	64.9
Tubal Ligation	61.7	72.1	61.5	52.7
Spermicides	40.4	39.9	51.4	30.9
Vasectomy	32.3	42.4	34.3	21.5
Emergency Contraception	25.1	35.2	19.3	21.5
Injectable	20.8	25.3	16.1	21.2
<u>Unweighted No. of Cases</u>	<u>2,083</u>	<u>708</u>	<u>728</u>	<u>647</u>

TABLE A.16
Percent Distribution of Women's Opinion About Contraceptive Effectiveness
When the Method Is Used Correctly and Consistently
Women 15–44 Years of Age
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method*</u>	<u>Contraceptive Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Less Or Not Effective</u>	<u>Do Not Know</u>	<u>Never Heard Of Method</u>		
Tubal Ligation	46.7	13.5	1.7	13.3	24.8	100.0	2,083
IUD	26.0	41.6	10.1	16.2	6.1	100.0	2,083
Vasectomy	24.8	13.5	1.7	13.3	24.8	100.0	2,083
Condom	20.0	40.8	21.7	16.1	1.5	100.0	2,083
Pill	19.5	40.6	15.6	17.2	7.2	100.0	2,083
Withdrawal	7.7	24.0	45.2	7.0	16.2	100.0	2,083
Calendar	5.6	24.3	46.8	10.3	21.4	100.0	2,083
Emergency Contraception	2.2	9.9	2.6	13.4	72.2	100.0	2,083
Spermicides	2.1	13.9	11.5	19.0	53.4	100.0	2,083
Injectables	2.0	9.9	2.6	13.4	72.2	100.0	2,083

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently (Hatcher et al., 1998).

TABLE A.16.1
Percent Distribution of Women's Opinion About Contraceptive Effectiveness
When the Method is Used Correctly and Consistently
Women 15–44 Years of Age Residing in Cluj Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method*</u>	<u>Contraceptive Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Less Or Not Effective</u>	<u>Do Not Know</u>	<u>Never Heard Of Method</u>		
Tubal Ligation	52.7	11.8	1.4	12.6	21.5	100.0	708
IUD	30.0	7.0	0.8	12.6	49.5	100.0	708
Vasectomy	27.6	45.8	7.3	13.8	5.5	100.0	708
Condom	25.2	43.3	19.7	10.6	1.1	100.0	708
Pill	20.5	48.1	13.7	14.6	3.1	100.0	708
Withdrawal	6.6	24.2	47.7	6.9	14.6	100.0	708
Calendar	3.7	20.5	52.0	9.1	14.8	100.0	708
Emergency Contraception	2.5	18.1	5.5	14.4	59.5	100.0	708
Spermicides	1.7	13.1	1.8	14.6	68.8	100.0	708
Injectables	1.4	14.6	7.5	22.7	53.8	100.0	708

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently (Hatcher et al., 1998).

TABLE A.16.2
Percent Distribution of Women's Opinion About Contraceptive Effectiveness
When the Method is Used Correctly and Consistently
Women 15–44 Years of Age Residing in Constanta Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method*</u>	<u>Contraceptive Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Less Or Not Effective</u>	<u>Do Not Know</u>	<u>Never Heard Of Method</u>		
Tubal Ligation	48.0	12.4	1.3	14.2	23.9	100.0	728
IUD	28.5	41.2	8.6	16.5	5.2	100.0	728
Vasectomy	26.8	5.9	1.0	11.7	54.7	100.0	728
Condom	23.7	39.2	21.6	14.2	1.3	100.0	728
Pill	20.4	37.7	18.6	17.6	5.8	100.0	728
Withdrawal	9.0	22.6	47.0	7.9	13.6	100.0	728
Calendar	7.5	27.6	46.1	11.6	7.3	100.0	728
Emergency Contraception	4.7	16.9	19.1	18.2	41.1	100.0	728
Spermicides	1.6	10.3	6.1	4.8	77.3	100.0	728
Injectables	1.0	7.2	2.6	11.5	77.7	100.0	728

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently (Hatcher et al., 1998).

TABLE A.16.3
Percent Distribution of Women's Opinion About Contraceptive Effectiveness
When the Method is Used Correctly and Consistently
Women 15–44 Years of Age Residing in Iasi Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Contraceptive Method*</u>	<u>Contraceptive Effectiveness</u>					<u>Total</u>	<u>No. of Cases</u>
	<u>Very Effective</u>	<u>Effective</u>	<u>Less Or Not Effective</u>	<u>Do Not Know</u>	<u>Never Heard Of Method</u>		
Tubal Ligation	40.1	15.9	2.4	13.0	28.6	100.0	647
IUD	22.3	38.1	14.0	18.1	7.5	100.0	647
Vasectomy	18.5	6.8	1.2	9.7	63.9	100.0	647
Condom	17.8	36.6	14.6	19.1	12.0	100.0	647
Pill	12.0	39.9	23.5	22.7	2.0	100.0	647
Withdrawal	7.4	25.0	41.5	6.2	19.9	100.0	647
Calendar	5.4	24.8	42.7	10.2	16.9	100.0	647
Emergency Contraception	3.0	9.5	3.3	14.0	70.2	100.0	647
Spermicides	2.5	9.1	3.9	10.6	73.9	100.0	647
Injectables	0.5	10.6	8.2	16.6	64.2	100.0	647

* Listed in the descending order of contraceptive effectiveness when the method is used correctly and consistently (Hatcher et al., 1998).

TABLE A.17
Current Use of Contraception Among All Women By Marital Status
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Currently Married&In Union</u>	<u>Previously Married</u>	<u>Never Married</u>
<u>Currently Using</u>	<u>45.4</u>	<u>62.4</u>	<u>23.2</u>	<u>17.3</u>
<u>Modern Methods</u>	<u>21.2</u>	<u>27.3</u>	<u>13.9</u>	<u>16.2</u>
Condom	7.3	7.9	5.5	6.5
Pill	5.8	6.9	4.7	4.0
IUD	5.8	8.9	4.2	0.1
Spermicides	1.6	2.3	0.0	0.7
Female Sterilization	2.0	3.1	1.2	0.0
Other Modern Methods	0.3	0.3	0.8	0.1
<u>Traditional Methods</u>	<u>22.7</u>	<u>33.0</u>	<u>6.9</u>	<u>5.9</u>
Withdrawal	18.9	27.3	6.3	5.1
Calendar (Rhythm Met.)	3.8	5.7	0.6	0.8
<u>Not Currently Using</u>	<u>54.6</u>	<u>37.6</u>	<u>76.8</u>	<u>82.7</u>
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	2,083	1,422	140	521

TABLE A.18
Current Use of Contraception Among Women Currently In Union Aged 15–44,
By Judet
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Judet</u>		
		<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Currently Using</u>	<u>62.4</u>	<u>71.0</u>	<u>54.2</u>	<u>61.8</u>
<u>Modern Methods</u>	<u>29.4</u>	<u>34.1</u>	<u>27.8</u>	<u>26.3</u>
Condom	7.9	11.4	7.4	5.0
Pill	6.9	7.4	6.4	6.9
IUD	8.9	10.8	5.7	10.0
Spermicides	2.3	0.8	6.2	0.2
Female Sterilization	3.1	3.5	1.9	3.7
Other Modern Methods	0.3	0.2	0.2	0.5
<u>Traditional Methods</u>	<u>33.0</u>	<u>36.9</u>	<u>26.4</u>	<u>35.4</u>
Withdrawal	27.3	34.9	20.1	26.7
Calendar (Rhythm Met.)	5.7	2.0	6.3	8.7
<u>Not Currently Using</u>	<u>37.6</u>	<u>29.0</u>	<u>45.8</u>	<u>38.2</u>
<u>Total</u>	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	1,422	495	486	441

TABLE A.19
Current Use of Modern and Traditional Methods by Selected Characteristics
Women in Union Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Any Method</u>	<u>Modern Methods</u>	<u>Traditional Methods</u>	<u>Percent Using a Modern Method</u>	<u>No. of Cases</u>
Total	62.4	29.4	33.0	47	1,422
Residence					
Urban	63.8	32.1	31.7	50	892
Rural	59.3	23.3	36.0	39	530
Judet					
Cluj	71.0	34.1	36.9	48	495
Constanta	54.2	27.8	26.4	51	486
Iasi	61.8	26.4	35.4	43	441
Age Group					
15–24	58.1	25.2	32.9	43	222
25–34	68.8	36.4	32.4	53	683
35–44	56.9	23.2	33.8	41	517
No. of Living Children					
0	53.4	28.0	25.4	52	192
1	62.4	30.1	32.3	48	520
2	71.1	36.6	35.5	50	475
3+	53.3	17.2	36.2	32	235
Education Level					
Primary or less	42.8	16.6	26.1	39	272
Secondary Incomplete	60.7	25.7	34.9	42	524
Secondary Complete	71.4	36.0	35.4	51	479
Postsecondary	73.3	42.6	30.7	58	147
Socioeconomic Status					
Low	54.9	20.4	34.5	37	491
Middle	65.9	32.1	33.8	49	663
High	64.8	36.1	28.6	56	268
Ethnicity					
Romanian	63.2	30.2	33.0	48	1,238
Hungarian	72.8	34.0	38.8	47	89
Roma	39.0	12.2	26.8	31	72
Other	*	*	*	*	23

* Fewer than 25 observations in this category.

TABLE A.20
Current Use of Specific Contraceptive Methods by Selected Characteristics
Women in Union Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Characteristic</u>	<u>Specific Contraceptive Method Use</u>									<u>No. of Cases</u>
	<u>Any Method</u>	<u>Modern Methods</u>					<u>Traditional Methods</u>			
		<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Tubal Ligation</u>	<u>Other Supplied</u>	<u>Withdrawal</u>	<u>Calendar</u>	
Total	62.4	7.9	6.9	8.9	2.3	3.1	0.3	27.3	5.7	1,422
Residence										
Urban	63.8	10.2	7.6	8.3	2.9	2.6	0.4	24.6	7.1	892
Rural	59.3	2.7	5.3	10.2	1.0	4.1	0.0	33.5	2.5	530
Judet										
Cluj	71.0	11.4	7.4	10.8	0.8	3.5	0.2	34.9	2.0	495
Constanta	54.2	7.4	6.4	5.7	6.2	1.9	0.2	20.1	6.3	486
Iasi	61.8	5.0	6.9	10.0	0.2	3.7	0.5	26.7	8.7	441
Age Group										
15–24	58.1	6.5	10.1	6.3	2.4	0.0	0.0	29.9	3.0	222
25–34	68.8	9.7	10.1	10.5	2.6	2.9	0.5	28.6	3.8	683
35–44	56.9	6.4	2.0	8.1	2.0	4.5	0.2	24.8	9.0	517
Education Level										
Primary or less	42.8	3.8	1.9	6.4	0.8	3.8	0.0	23.3	2.9	272
Secondary Incomplete	60.7	3.3	6.1	8.3	2.6	4.8	0.7	30.4	4.5	524
Secondary Complete	71.4	12.3	9.0	11.0	2.7	1.2	0.0	29.3	6.1	479
Postsecondary	73.3	16.9	11.7	8.8	2.9	1.7	0.6	17.3	13.4	147
Socioeconomic Status										
Low	54.9	2.6	5.1	8.1	0.7	3.9	0.0	32.5	2.0	491
Middle	65.9	9.1	7.5	9.0	2.6	3.4	0.6	26.9	6.9	663
High	64.8	12.9	8.2	9.8	4.3	1.0	0.0	20.4	8.2	268
Ethnicity										
Romanian	63.2	8.0	7.3	9.0	2.5	3.1	0.3	27.1	6.0	1,238
Hungarian	72.8	12.6	6.0	13.1	1.2	1.2	0.0	35.2	3.5	89
Roma	39.0	0.0	3.3	2.5	0.8	5.7	0.0	23.4	3.4	72
Other	*	*	*	*	*	*	*	*	*	23
Employment										
Working	66.1	11.0	7.4	8.7	2.4	2.7	0.5	26.5	6.9	690
Not Working	58.7	4.8	6.4	9.1	2.3	3.5	0.1	28.1	4.5	732

* Fewer than 25 observations in this category.

TABLE A.21
Current Use of Contraception By Women Currently in Union, By Number of Living Children
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Number of Living Children</u>			
		<u>None</u>	<u>One</u>	<u>Two</u>	<u>Three or More</u>
<u>Currently Using</u>	<u>62.4</u>	<u>53.4</u>	<u>62.4</u>	<u>71.1</u>	<u>53.3</u>
<u>Modern Methods</u>	<u>29.4</u>	<u>27.9</u>	<u>30.2</u>	<u>35.8</u>	<u>17.1</u>
Condom	7.9	11.5	8.2	9.2	1.7
Pill	6.9	13.4	7.1	6.7	1.6
IUD	8.9	0.5	10.5	11.9	6.5
Spermicides	2.3	1.8	3.1	2.8	0.2
Female Sterilization	3.1	0.7	0.9	4.8	6.6
Other Modern Methods	0.3	0.0	0.4	0.2	0.5
<u>Traditional Methods</u>	<u>33.0</u>	<u>25.3</u>	<u>32.3</u>	<u>35.5</u>	<u>36.2</u>
Withdrawal	27.3	22.1	25.4	30.0	30.6
Calendar (Rhythm Met.)	5.7	3.2	6.9	5.5	5.6
<u>Not Currently Using</u>	<u>37.6</u>	<u>46.6</u>	<u>37.6</u>	<u>28.9</u>	<u>46.7</u>
<u>Total</u>	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	1,422	192	520	475	235

TABLE A.22
Current Use of Contraception Among Women Currently in Union, By Education
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Education Level</u>			
		<u>Primary</u>	<u>Secondary Incomplete</u>	<u>Secondary Complete</u>	<u>Post-Secondary</u>
<u>Currently Using</u>	<u>62.4</u>	<u>42.8</u>	<u>60.7</u>	<u>71.4</u>	<u>73.3</u>
<u>Modern Methods</u>	<u>29.4</u>	<u>11.5</u>	<u>23.1</u>	<u>32.7</u>	<u>39.8</u>
Condom	7.9	3.8	3.3	12.3	16.9
Pill	6.9	1.9	6.1	9.0	11.7
IUD	8.9	6.4	8.3	11.0	8.8
Spermicides	2.3	0.8	2.6	2.7	2.9
Female Sterilization	3.1	3.8	4.8	1.2	1.7
Other Modern Methods	0.3	0.0	0.7	0.0	0.6
<u>Traditional Methods</u>	<u>33.0</u>	<u>34.2</u>	<u>39.5</u>	<u>42.5</u>	<u>35.2</u>
Withdrawal	27.3	23.3	30.4	29.3	17.3
Calendar (Rhythm Method)	5.7	2.9	4.5	6.1	13.4
<u>Not Currently Using</u>	<u>37.6</u>	<u>57.2</u>	<u>39.3</u>	<u>28.6</u>	<u>26.7</u>
<u>Total</u>	100.0	100.0	100.0	100.0	100.0
<u>No. of Cases</u>	1,422	272	524	479	147

Table A.23
Source of Supply for Modern Contraceptive Methods
Among Women Currently Using a Modern Method by Specific Methods
Women Currently in Union Age 15–44
Reproductive Health Survey: Romania, USAID Priority Judets, 1999
(Percent Distribution)

<u>Source (Modern Methods)</u>	<u>Total</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Spermicides</u>	<u>Female Sterilization</u>
<u>Public Medical Sector</u>	<u>37.4</u>	<u>0.0</u>	<u>17.6</u>	<u>74.0</u>	<u>3.1</u>	<u>98.0</u>
Hospital (Maternity or Ob/Gyn)	28.2	0.0	1.1	58.8	0.0	94.6
Family Planning Clinic or Office	6.4	0.0	14.8	8.5	3.1	0.0
Polyclinic	2.1	0.0	0.9	6.2	0.0	0.0
Urban or Rural Dispensary	0.7	0.0	0.8	0.5	0.0	3.4
<u>Private Clinic/Office</u>	<u>7.0</u>	<u>0.0</u>	<u>5.4</u>	<u>17.9</u>	<u>0.0</u>	<u>2.0</u>
<u>SECS†</u>	<u>1.5</u>	<u>0.4</u>	<u>5.3</u>	<u>0.7</u>	<u>0.9</u>	<u>0.0</u>
<u>Commercial Sales</u>	<u>46.5</u>	<u>76.2</u>	<u>69.7</u>	<u>6.8‡</u>	<u>89.8</u>	<u>0.0</u>
Pharmacy	43.5	65.2	69.7	6.8	89.8	0.0
Store/Kiosk	3.0	11.0	0.0	0.0	0.0	0.0
Street Market	0.0	0.0	0.0	0.0	0.0	0.0
<u>Other</u>	<u>7.3</u>	<u>23.9</u>	<u>2.0</u>	<u>0.7</u>	<u>7.1</u>	<u>0.0</u>
Partner	6.0	21.1	0.0	0.0	2.7	0.0
Friend	0.9	1.2	0.9	0.7	1.7	0.0
Mother or Other Relative	0.4	0.8	0.0	0.0	2.7	0.0
Other / Don't Know	0.5	0.8	1.1	0.0	0.0	0.0
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unweighted No. of Cases</u>	<u>410</u>	<u>108</u>	<u>97</u>	<u>130</u>	<u>31</u>	<u>44</u>

† Society for Contraception and Sexual Education.

‡ Prescription to buy the IUD at a pharmacy and bring it to clinic/maternity for insertion.

TABLE A.24
Percent Distribution of Women Aged 15–44 Who Are Dissatisfied Or Have Had A Problem With Their
Current Contraceptive Method
by Main Reason For Dissatisfaction And By Current Method Used
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

	<u>Current Method</u>					
	<u>Total</u>	<u>Condom</u>	<u>Pill</u>	<u>IUD</u>	<u>Withdrawal</u>	<u>Rhythm Method</u>
<u>% Satisfied with Current Method</u>	<u>89.2</u>	<u>87.9</u>	<u>88.4</u>	<u>93.8</u>	<u>88.3</u>	<u>90.0</u>
<u>% Dissatisfied with Current Method</u>	<u>10.8</u>	<u>12.1</u>	<u>11.8</u>	<u>6.2</u>	<u>11.7</u>	<u>10.0</u>
<u>Main Reason For Dissatisfaction</u>						
Difficult or Unpleasant to Use	3.9	9.0	0.0	0.7	4.3	3.1
Not Very Effective, Had Already Failed	3.3	0.7	0.0	0.0	5.9	5.6
Side Effects or Health Concerns	2.5	0.7	9.9	5.6	0.4	0.0
Not Pleased with the Method	0.6	0.6	0.7	0.0	0.9	0.0
Partner Complains About Method	0.4	1.2	0.0	0.0	0.2	1.3
Cost	0.1	0.0	1.1	0.0	0.0	0.0
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	936	150	127	137	444	78

TABLE A.25
Percent of Women Currently Using A Contraceptive Method
Who Would Prefer Using A Different Method By Current Method Used And Preferred Method
All Women 15–44 In Three Priority Judets
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Current Method</u>	<u>Total*</u>	<u>Preferred Method</u>						<u>Don't Know</u>	<u>No. of Cases</u>
		<u>Pill</u>	<u>Condom</u>	<u>IUD</u>	<u>Tubal Ligation</u>	<u>Injectables</u>	<u>Other Modern</u>		
<u>Any Method</u> †	24.5	7.8	1.2	10.6	0.9	0.9	0.7	3.2	1,023
Calendar	42.1	14.9	0.0	20.3	2.5	1.3	2.0	1.0	78
Withdrawal	34.0	9.0	2.8	14.6	1.3	1.2	0.4	4.4	444
Condom	29.5	12.4	NA	10.4	0.4	1.0	1.3	3.4	150
Spermicide	21.0	7.2	0.0	4.1	0.0	2.5	0.0	7.3	35
Pills	9.4	NA	0.0	6.8	0.0	0.7	0.7	1.3	127
IUD	6.5	3.7	0.0	NA	0.8	0.0	0.7	1.4	137
Tubal Ligation	1.3	0.0	0.0	0.0	NA	0.0	0.0	1.3	46

* Includes six women using other modern methods.

† Includes two women who would want to switch to traditional methods.

TABLE A.25.1
Percent of Women Residing in Cluj Judet and Currently Using A Contraceptive Method
Who Would Prefer Using A Different Method By Current Method Used And Preferred Method
Women Aged 15–44
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Current Method</u>	<u>Total*</u>	<u>Preferred Method</u>							<u>No. of Cases</u>
		<u>Pill</u>	<u>Condom</u>	<u>IUD</u>	<u>Tubal Ligation</u>	<u>Injectables</u>	<u>Other Modern</u>	<u>Don't Know</u>	
<u>Any Method</u> †	23.9	5.2	1.7	11.4	1.1	1.1	0.2	3.0	412
Withdrawal	31.8	6.9	3.6	15.8	1.0	1.0	0.0	3.5	196
Condom	30.6	9.6	NA	14.1	0.9	2.2	0.0	2.5	71
IUD	8.6	1.9	0.0	NA	1.9	0.0	1.6	3.2	58
Pills	7.9	NA	0.0	6.3	0.0	0.0	0.0	1.7	49
Tubal Ligation	‡	‡	‡	‡	‡	‡	‡	‡	20
Calendar	‡	‡	‡	‡	‡	‡	‡	‡	11
Spermicide	‡	‡	‡	‡	‡	‡	‡	‡	5

* Includes one woman who would want to switch to a traditional method.

† Includes 2 women using other modern methods.

‡ Fewer than 25 observations in this category.

TABLE A.25.2
Percent of Women Residing in Constanta Judet and Currently Using A Contraceptive Method
Who Would Prefer Using A Different Method By Current Method Used And Preferred Method
Women Aged 15–44

Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Current Method</u>	<u>Total</u>	<u>Preferred Method</u>							<u>No. of Cases</u>
		<u>Pill</u>	<u>Condom</u>	<u>IUD</u>	<u>Tubal Ligation</u>	<u>Injectables</u>	<u>Other Modern</u>	<u>Don't Know</u>	
<u>Any Method*</u>	23.2	8.8	0.9	6.9	0.6	0.3	1.5	4.2	313
Withdrawal	32.6	12.6	2.6	8.9	1.6	0.9	1.6	4.4	118
Condom	28.2	11.4	NA	8.3	0.0	0.0	1.8	6.7	52
Spermicide	23.2	8.9	0.0	5.1	0.0	0.0	0.0	9.2	29
Calendar	23.1	14.3	0.0	2.9	0.0	0.0	5.9	0.0	32
Pills	12.4	NA	0.0	10.3	0.0	0.0	0.0	2.1	42
IUD	0.0	0.0	0.0	NA	0.0	0.0	0.0	0.0	28
Tubal Ligation	†	†	†	†	†	†	†	†	11

* Includes one woman using other modern methods.

† Fewer than 25 observations in that category

TABLE A.25.3
Percent of Women Residing in Iasi Judet and Currently Using A Contraceptive Method
Who Would Prefer Using A Different Method By Current Method Used And Preferred Method
Women Aged 15–44
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Current Method</u>	<u>Total*</u>	<u>Preferred Method</u>							<u>No. of Cases</u>
		<u>Pill</u>	<u>Condom</u>	<u>IUD</u>	<u>Tubal Ligation</u>	<u>Injectables</u>	<u>Other Modern</u>	<u>Don't Know</u>	
<u>Any Method</u> †	29.4	10.0	0.8	12.8	0.9	1.3	0.6	2.6	298
Calendar	58.1	19.1	0.0	32.2	2.5	2.5	0.0	1.2	35
Withdrawal	37.9	9.1	2.0	17.4	1.4	1.7	0.0	5.6	130
Condom	29.1	19.6	NA	6.3	0.0	0.0	3.2	0.0	27
Pills	8.0	NA	0.0	3.8	0.0	2.2	2.0	0.0	36
IUD	7.8	7.8	0.0	NA	0.0	0.0	0.0	0.0	51
Tubal Ligation	‡	‡	‡	‡	‡	‡	‡	‡	15

* Includes 19 women who would want to switch to a traditional method.

† Includes three women using other modern methods.

‡ Fewer than 25 observations in that category

TABLE A.26
Percent Distribution Of Reasons For Not Using Their Preferred Method
Women Currently Using a Contraceptive Method Who Prefer Using Another Method
By Preferred Method
All Women 15–44 In Three Priority Judets
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Most Important Reason</u>	<u>Total*</u>	<u>Preferred Method</u>					
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Injectables</u>	<u>Tubal Ligation</u>	<u>Spermicides</u>
Still Thinking About it	34.1	35.1	31.9	†	†	†	†
Fear of Side Effects	19.8	20.9	29.0	†	†	†	†
Cost	14.1	16.8	13.7	†	†	†	†
Doctor Did Not Recommend It	9.0	12.4	5.7	†	†	†	†
Difficult to Obtain the Method	8.0	4.1	4.2	†	†	†	†
Neglected to Get the Method	3.4	3.8	4.5	†	†	†	†
Partner Opposes	3.4	3.0	0.0	†	†	†	†
Difficult to Use	1.7	0.0	1.3	†	†	†	†
No Knowledge Of Method	1.0	0.0	0.0	†	†	†	†
Other Reasons	5.5	4.0	9.7	†	†	†	†
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted Number of Cases</u>	263	110	78	12	11	8	4

* Includes two women who would want to switch to a traditional method and 34 who said they are not sure what method they want to switch to.

† Fewer than 25 observations in this category.

TABLE A.26.1
Percent Distribution Of Reasons For Not Using Their Preferred Method
Women Aged 15–44 Currently Using a Contraceptive Method Who Prefer Using Another Method
By Preferred Method
Cluj Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Most Important Reason</u>	<u>Total*</u>	<u>Preferred Method</u>					
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Injectables</u>	<u>Tubal Ligation</u>	<u>Spermicides</u>
Still Thinking About it	46.9	47.2	53.0	†	†	†	†
Fear of Side Effects	13.2	15.0	20.6	†	†	†	†
Cost	10.9	13.2	6.4	†	†	†	†
Doctor Did Not Recommend It	4.4	9.3	0.0	†	†	†	†
Difficult to Obtain the Method	7.5	5.0	3.4	†	†	†	†
Neglected to Get the Method	2.6	2.0	7.8	†	†	†	†
Partner Opposes	4.0	2.7	0.0	†	†	†	†
Difficult to Use	3.0	0.0	0.0	†	†	†	†
No Knowledge Of Method	2.8	0.0	0.0	†	†	†	†
Other Reasons	4.6	5.7	3.9	†	†	†	†
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	99	47	21	6	5	4	1

* Includes two women who would want to switch to a traditional method and 14 who said they are not sure what method they want to switch to.

† Fewer than 25 observations in this category.

TABLE A.26.2
Percent Distribution Of Reasons For Not Using Their Preferred Method
Women Aged 15–44 Currently Using a Contraceptive Method Who Prefer Using Another Method
By Preferred Method
Constanta Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Most Important Reason</u>	<u>Total*</u>	<u>Preferred Method</u>					
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Injectables</u>	<u>Tubal Ligation</u>	<u>Spermicides</u>
Still Thinking About it	19.2	29.8	9.6	†	†	†	†
Fear of Side Effects	26.1	20.2	43.9	†	†	†	†
Cost	12.4	18.0	13.0	†	†	†	†
Doctor Did Not Recommend It	15.6	19.4	5.7	†	†	†	†
Difficult to Obtain the Method	12.7	0.0	6.8	†	†	†	†
Neglected to Get the Method	2.5	4.1	3.4	†	†	†	†
Partner Opposes	1.3	4.3	0.0	†	†	†	†
Difficult to Use	1.3	0.0	0.0	†	†	†	†
No Knowledge Of Method	0.0	0.0	0.0	†	†	†	†
Other Reasons	8.8	4.1	17.6	†	†	†	†
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	74	25	27	3	1	1	3

* Includes 12 Women who said they are not sure what method they want to switch to.

† Fewer than 25 observations in that category

TABLE A.26.3
Percent Distribution Of Reasons For Not Using Their Preferred Method
Women Aged 15–44 Currently Using a Contraceptive Method Who Prefer Using Another Method
By Preferred Method
Iasi Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Most Important Reason</u>	<u>Total*</u>	<u>Preferred Method</u>					
		<u>IUD</u>	<u>Pill</u>	<u>Condom</u>	<u>Injectables</u>	<u>Tubal Ligation</u>	<u>Spermicides</u>
Still Thinking About it	32.3	25.1	36.7	†	†	†	†
Fear of Side Effects	21.6	27.5	22.4	†	†	†	†
Cost	18.4	19.9	18.7	†	†	†	†
Doctor Did Not Recommend It	8.5	12.2	9.3	†	†	†	†
Difficult to Obtain the Method	5.2	5.1	2.5	†	†	†	†
Neglected to Get the Method	4.7	5.4	3.4	†	†	†	†
Partner Opposes	4.4	2.7	0.0	†	†	†	†
Difficult to Use	0.9	0.0	0.0	†	†	†	†
No Knowledge Of Method	0.0	0.0	0.0	†	†	†	†
Other Reasons	4.1	2.1	7.1	†	†	†	†
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Unweighted Number of Cases	90	38	30	3	5	3	0

* Includes 1 woman who would prefer to switch to a traditional method and 8 who said they are not sure what method they want to switch to.

† Fewer than 25 observations in that category

TABLE A. 27
Reasons for Not Currently Using Contraception By Age Group
Women In Union Aged 15–44 Years
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Reasons</u>	<u>Total</u>	<u>Age Group</u>		
		<u>15–24</u>	<u>25–34</u>	<u>35–49</u>
Female Infecundity / Subfecundity	38.0	8.3	25.8	59.6
No Sexual Intercourse Within the Last Month	20.5	18.5	22.5	19.5
Currently Pregnant Or Postpartum	15.2	35.4	22.0	1.7
Want To Get Pregnant Soon	11.2	29.9	14.4	1.2
Respondent Doubts She Can Get Pregnant	5.9	3.7	4.9	7.6
Approaching Menopause	3.1	0.0	0.3	6.6
Neglected To Use	2.0	2.7	3.9	0.3
Lack of Access To or Knowledge of FP (Services)	0.9	1.5	0.9	0.7
Personal or Partner Opposition to Family Planning	0.6	0.0	0.6	0.7
Fear of Side Effects	0.4	0.0	1.0	0.0
Male Infecundity / Subfecundity	0.2	0.0	0.0	0.5
Other reasons	0.3	0.0	0.9	0.0
Does not Know	1.8	0.0	2.8	1.7
<u>Total</u>	100.0	100.0	100.0	100
<u>Unweighted Number of Cases</u>	532	90	215	227

TABLE A.28
Potential Demand For Family Planning (FP) Services By Marital Status
Women Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

Potential Demand For Family Planning (FP) Services	Total	Marital Status		
		Married/ In Union	Previously Married	Never Married
<u>Women Not Currently in Need of FP Services</u>	<u>46.8</u>	<u>25.8</u>	<u>73.8</u>	<u>82.1</u>
Never Had Sexual Intercourse	20.5	0.0	0.0	64.5
Not Currently Sexually Active*	14.6	8.2	65.6	16.4
Currently Pregnant Or Postpartum	3.3	5.3	0.4	0.0
Seeking To Get Partner Pregnant	4.1	5.7	5.2	0.9
Respondent Or Partner Infertile / Subfecund†	4.3	6.6	2.6	0.3
<u>Potential Demand for Family Planning Services</u>	<u>53.1</u>	<u>74.2</u>	<u>26.2</u>	<u>18.0</u>
Current Users of a Modern Contraceptive Method	22.3	28.8	15.7	11.2
Current Users of a Traditional Contraceptive Method	21.8	32.0	6.1	5.5
Unmet Need For Any Contraceptive Method	9.0	13.4	4.4	1.3
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>Unmet Need For Any or More Effective Contraception‡</u>	<u>30.8</u>	<u>45.4</u>	<u>10.5</u>	<u>6.8</u>
<u>Unweighted No. of Cases</u>	<u>2,083</u>	<u>1,422</u>	<u>140</u>	<u>521</u>

* Within the last month

† Partners surgically sterilized for noncontraceptive reasons, who have medical conditions that preclude pregnancy, or are infertile, as well as male respondents who are sterile.

‡ Includes those in need of any contraceptive method and users of traditional methods

TABLE A.29
Potential Demand For Family Planning (FP) Services By Judet
Women In Union Aged 15–44 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

Potential Demand For Family Planning (FP) Services	Total	Judet		
		Cluj	Constanta	Iasi
<u>Women Not Currently in Need of FP Services</u>	<u>25.8</u>	<u>20.4</u>	<u>28.9</u>	<u>28.0</u>
Not Currently Sexually Active*	8.2	5.1	9.1	10.2
Currently Pregnant Or Postpartum	5.3	3.9	6.6	5.5
Seeking To Get Partner Pregnant	5.7	5.3	7.9	4.0
Respondent Or Partner Infertile / Subfecund†	6.6	6.1	5.3	8.3
<u>Potential Demand for Family Planning Services</u>	<u>74.2</u>	<u>79.7</u>	<u>71.1</u>	<u>72.0</u>
Current Users of a Modern Contraceptive Method	28.8	33.3	26.8	26.4
Current Users of a Traditional Contraceptive Method	32.0	36.2	24.8	34.7
Unmet Need For Any Contraceptive Method	13.4	10.2	19.5	10.9
Total	100.0	100.0	100.0	100.0
<u>Unmet Need For Any or More Effective Contraception‡</u>	45.4	46.4	44.3	45.6
<u>Unweighted No. of Cases</u>	1,422	495	486	441

* Within the last month

† Partners surgically sterilized for noncontraceptive reasons, who have medical conditions that preclude pregnancy, or are infertile, as well as male respondents who are sterile.

‡ Includes those in need of any contraceptive method and users of traditional methods

TABLE A.30
Reported Sexual Experience of Young Adult Women 15–24 Years of Age
By Marital Status at Time of First Sexual Experience And By Residence
Reproductive Health Survey: Romania, 1999

<u>Current Age & 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>Total 3 Priority Judets</u>					
15–19	73.2	3.7	23.1	100.0	309
20–24	24.0	13.6	62.4	100.0	390
Total	48.3	8.7	43.0	100.0	699
<u>Cluj Judet</u>					
15–19	69.8	3.1	27.1	100.0	93
20–24	19.6	6.2	74.2	100.0	116
Total	44.4	4.7	50.9	100.0	209
<u>Constanta Judet</u>					
15–19	77.0	2.3	20.7	100.0	113
20–24	23.4	12.0	64.6	100.0	150
Total	48.4	7.5	44.1	100.0	263
<u>Iasi Judet</u>					
15–19	72.4	5.6	22.2	100.0	103
20–24	28.1	20.9	51.0	100.0	152
Total	51.2	12.8	36.0	100.0	227

Table A.31
Contraceptive Use at First Sexual Intercourse Among Sexually Experienced Young Adults
by Marital Status at First Sexual Intercourse
Reproductive Health Survey: Romania, USAID Priority Judets, 1999
(Percent Distribution)

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status at First Intercourse</u>	
		<u>Married Or In Union</u>	<u>Not Married Or In Union</u>
<u>Any Method</u>	<u>53.1</u>	<u>33.5</u>	<u>57.1</u>
<u>Modern Methods</u>	<u>26.1</u>	<u>10.0</u>	<u>29.4</u>
Condom	23.9	8.4	27.1
Other	2.2	1.6	2.3
<u>Traditional Methods</u>	<u>27.0</u>	<u>23.5</u>	<u>27.8</u>
Withdrawal	23.7	19.9	24.5
Calendar (Rhythm Method)	3.3	3.6	3.3
<u>No Method</u>	<u>46.9</u>	<u>66.5</u>	<u>42.9</u>
Total	100.0	100.0	100.0
No. of Cases	404	83	321

TABLE A.32
Reasons for Not Using Contraception at First Sexual Intercourse
Among Sexually Experienced Young Adult Women
by Marital Status and Age at First Sexual Intercourse
(Percent Distribution)
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Main Reason for Not Using Contraception</u>	<u>Total</u>	<u>Marital First Intercourse</u>	<u>Premarital First Intercourse</u>
She Did Not Think About Using a Method	28.9	26.5	29.7
Sexual Intercourse Was Unexpected	20.5	4.8	25.8
She Wanted to Get Pregnant	12.4	31.5	6.0
She Did Not Know About Contraception	12.2	14.3	11.5
She Did Not Want to Use Contraception	7.5	10.1	6.6
Partner Did Not Want to Use Contraception	3.8	7.9	2.4
Sex Was Safe According to the Calendar	1.9	0.0	2.5
Other	4.8	0.0	6.4
Does Not Know	8.0	5.0	9.1
<u>Total</u>	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	186	54	132

TABLE A. 33
Sexual Activity Status by Current Marital Status and by Judet
Young Adult Women Aged 15–24 Years
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Sexual Activity Status</u>	<u>Total</u>	<u>Marital Status</u>		
		<u>Married/ In Union</u>	<u>Previously or Never Married</u>	
Never Had Intercourse	<u>48.3</u>	<u>0.0</u>	<u>64.2</u>	
Ever Had Intercourse	<u>51.7</u>	<u>100.0</u>	<u>35.8</u>	
Currently Pregnant Or Postpartum	3.6	14.4	0.0	
• Within the Last Month	32.1	75.9	17.7	
• 1-3 Months Ago	8.6	6.9	9.2	
• Over 3 Month Ago but Within Last Year	5.3	2.4	6.3	
• One Year or Longer	2.1	0.4	2.6	
• One Month or Longer-Unknown Interval	0.0	0.0	0.0	
Total	100.0	100.0	100.0	
Unweighted No. of Cases	699	222	477	
		<u>Judet</u>		
<u>Sexual Activity Status</u>	<u>Total</u>	<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
Never Had Intercourse	<u>48.3</u>	<u>44.4</u>	<u>48.4</u>	<u>51.2</u>
Ever Had Intercourse	<u>51.7</u>	<u>55.6</u>	<u>51.6</u>	<u>48.8</u>
Currently Pregnant or Postpartum	3.6	2.3	4.2	3.9
• Within the Last Month	32.1	34.5	35.9	26.8
• 1-3 Months Ago	8.6	10.2	5.9	10.0
• Over 3 Month Ago but Within Last Year	5.3	6.8	5.1	4.4
• One Year or Longer	2.1	1.8	0.5	3.7
• One Month or Longer-Unknown Interval	0.0	0.0	0.0	0.0
Total	100.0	100.0	100.0	100.0
Unweighted No. of Cases	699	209	263	227

TABLE A.34
Use of Contraception at Most Recent Sexual Intercourse by Current Marital Status
Among Sexually Experienced Young Women
(Percent Distribution)
All Women In Three Priority Judets
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>	
		<u>Currently Married & in Union</u>	<u>Not Currently Married</u>
<u>Currently Using</u>	<u>69.5</u>	<u>60.3</u>	<u>78.0</u>
<u>Modern Methods</u>	<u>36.8</u>	<u>23.8</u>	<u>48.1</u>
Condom	19.4	4.6	32.9
Pills	11.8	10.5	12.9
IUD	3.2	6.3	0.4
Spermicides	2.0	2.4	1.5
Female Sterilization	0.0	0.0	0.0
Other	0.2	0.0	0.4
<u>Traditional Methods</u>	<u>33.0</u>	<u>36.6</u>	<u>29.8</u>
Withdrawal	27.8	30.9	25.0
Calendar (Rhythm Method)	5.2	5.7	4.8
<u>No Method</u>	<u>30.5</u>	<u>39.7</u>	<u>22.0</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>No. of Cases</u>	<u>404</u>	<u>222</u>	<u>182</u>

TABLE A.34.1
Use of Contraception at Most Recent Sexual Intercourse by Current Marital Status
Among Sexually Experienced Young Women
(Percent Distribution)
Cluj Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>	
		<u>Currently Married & in Union</u>	<u>Not Currently Married</u>
<u>Currently Using</u>	<u>74.4</u>	<u>60.8</u>	<u>82.2</u>
<u>Modern Methods</u>	<u>40.0</u>	<u>22.2</u>	<u>49.9</u>
Condom	23.4	7.3	32.5
Pills	12.7	11.7	13.3
IUD	1.2	3.2	0.0
Spermicides	2.0	0.0	3.1
Female Sterilization	0.0	0.0	0.0
Other	0.7	0.0	1.0
<u>Traditional Methods</u>	<u>34.6</u>	<u>38.6</u>	<u>32.3</u>
Withdrawal	34.1	38.6	31.5
Calendar (Rhythm Method)	0.5	0.0	0.8
<u>No Method</u>	<u>25.6</u>	<u>39.2</u>	<u>17.8</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>No. of Cases</u>	<u>125</u>	<u>54</u>	<u>71</u>

TABLE A.34.2
 Use of Contraception at Most Recent Sexual Intercourse by Current Marital Status
 Among Sexually Experienced Young Women
 (Percent Distribution)
 Constanta Judet
 Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>	
		<u>Currently Married & in Union</u>	<u>Not Currently Married</u>
<u>Currently Using</u>	<u>69.5</u>	<u>55.9</u>	<u>76.7</u>
<u>Modern Methods</u>	<u>40.4</u>	<u>29.0</u>	<u>53.9</u>
Condom	18.7	7.6	31.8
Pills	14.9	10.8	19.7
IUD	2.9	4.4	1.2
Spermicides	3.9	6.2	1.2
Female Sterilization	0.0	0.0	0.0
Other	0.0	0.0	0.0
<u>Traditional Methods</u>	<u>29.1</u>	<u>28.7</u>	<u>29.6</u>
Withdrawal	25.0	26.9	22.8
Calendar (Rhythm Method)	4.1	1.8	6.8
<u>No Method</u>	<u>30.5</u>	<u>42.2</u>	<u>16.5</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>No. of Cases</u>	<u>151</u>	<u>89</u>	<u>62</u>

TABLE A.34.3
Use of Contraception at Most Recent Sexual Intercourse by Current Marital Status
Among Sexually Experienced Young Women
(Percent Distribution)
Iasi Judet
Reproductive Health Survey: Romania, USAID Priority Judets, 1999

<u>Use of Contraception</u>	<u>Total</u>	<u>Marital Status</u>	
		<u>Currently Married & in Union</u>	<u>Not Currently Married</u>
<u>Currently Using</u>	<u>65.4</u>	<u>62.8</u>	<u>68.1</u>
<u>Modern Methods</u>	<u>29.7</u>	<u>19.4</u>	<u>40.9</u>
Condom	16.7	0.0	34.5
Pills	7.9	9.4	6.4
IUD	5.1	10.0	0.0
Spermicides	0.0	0.0	0.0
Female Sterilization	0.0	0.0	0.0
Other	0.0	0.0	0.0
<u>Traditional Methods</u>	<u>35.6</u>	<u>43.4</u>	<u>27.3</u>
Withdrawal	25.2	30.3	19.8
Calendar (Rhythm Method)	10.4	13.1	7.5
<u>No Method</u>	<u>34.6</u>	<u>37.2</u>	<u>31.9</u>
<u>Total</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
<u>No. of Cases</u>	<u>128</u>	<u>79</u>	<u>49</u>

TABLE A.35
Number of Sexual Partners During the Past Three Months and Lifetime
Among Sexually Experienced Young Adult Women Aged 15–24
By Marital Status and Judet
Reproductive Health Survey: Romania, 1999
(Percent Distribution)

<u>No. of Sexual Partners</u>	<u>Total</u>	<u>Marital Status</u>		<u>Judet</u>		
		<u>Married/ in Union</u>	<u>Previously & Never Married</u>	<u>Cluj</u>	<u>Constanta</u>	<u>Iasi</u>
<u>Within the Past 3 Months</u>						
None	16.3	4.5	27.1	19.8	10.9	18.5
One	81.9	94.3	70.6	78.9	87.5	79.0
Two	0.9	0.0	1.8	1.3	0.0	1.5
Three or More	0.9	1.2	0.6	0.0	1.5	1.1
Refused to Answer	0.0	0.0	0.0	0.0	0.0	0.0
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0
<u>Lifetime</u>						
One	67.6	82.5	54.1	59.0	67.5	75.2
Two	14.6	11.7	17.4	15.0	19.7	9.4
Three	9.6	3.4	15.4	16.5	6.6	6.7
Four or More	7.5	2.5	12.0	8.3	6.2	8.0
Refused to Answer	0.7	0.0	1.3	1.3	0.0	0.7
<u>Total</u>	100.0	100.0	100.0	100.0	100.0	100.0
<u>Unweighted No. of Cases</u>	404	222	182	125	151	128

ANNEX B

SAMPLING ERROR ESTIMATES

The estimates for a sample survey are affected by two types of errors: non-sampling error and sampling error. Non-sampling error is the result of mistakes made in carrying out data collection and data processing, including the failure to locate and interview the right household, errors in the way questions are asked or understood, and data entry errors. Although intensive quality-control efforts were made during the implementation of the 1999 RRHS to minimize this type of error, non-sampling errors are impossible to avoid altogether and difficult to evaluate statistically. Sampling error is a measure of the variability between an estimate and the true value of the population parameter intended to be estimated, which can be attributed to the fact that a sample rather than a complete enumeration was used to produce it. In other words, sampling error is the difference between the expected value for any variable measured in a survey and the value estimated by the survey. This sample is only one of the many probability samples that could have been selected from the female population aged 15-44 and the male population aged 15-49 using the same sample design and projected sample size. Each of these samples would have yielded slightly different results from the actual sample selected.

Because the statistics presented here are based on a sample, they may differ by chance variations from the statistics that would result if all women 15-44 years of age or all men 15-49 in Romania would have been interviewed. Sampling error is usually measured in terms of the variance and standard error (square root of the variance) for a particular statistic (mean, proportion, or ratio). The standard error (SE) can be used to calculate confidence intervals (CI) of the estimates within which we can say with a given level of certainty that the true value of population parameter lies. For example, for any given statistic calculated from the survey sample, there is a 95 percent probability that the true value of that statistic will lie within a range of plus or minus two SE of the survey estimate. The chances are about 68 out of 100 (about two out of three) that a sample estimate would fall within one standard error of a statistic based on a complete count of the population.

The estimated sampling errors for 95% confidence intervals ($1.96 \times SE$) for selected proportions and sample sizes are shown in Table B.1. The estimates in Table B.1 can be used to

estimate 95% confidence intervals for the estimated proportions shown for each sample size. The sampling error estimates include an average design effect of 1.6, needed because the 99RRHS did not employ a simple random sample but included clusters of elements in the second stage of the sample selection.

TABLE B.1
Sampling Error Estimates (Expressed in Percentage Points) for 95% Confidence Intervals
For Selected Estimated Proportions and Sample Sizes
on Which the Proportions Are Based Assuming a Design Effect of 1.6

Sample Size	Estimated Proportions (Pi)					
	<u>0.05/0.95</u>	<u>0.10/0.90</u>	<u>0.20/0.80</u>	<u>0.30/0.70</u>	<u>0.40/0.60</u>	<u>0.50/0.50</u>
25	0.108	0.149	0.198	0.227	0.243	0.248
50	0.076	0.105	0.140	0.161	0.172	0.175
100	0.054	0.074	0.099	0.114	0.121	0.124
200	0.038	0.053	0.070	0.080	0.086	0.088
400	0.027	0.037	0.050	0.057	0.061	0.062
800	0.019	0.026	0.035	0.040	0.043	0.044
1000	0.017	0.024	0.031	0.036	0.038	0.039
1500	0.014	0.019	0.026	0.029	0.031	0.032
2000	0.012	0.017	0.022	0.025	0.027	0.028
3000	0.011	0.014	0.020	0.021	0.022	0.023
4000	0.008	0.012	0.016	0.018	0.019	0.020
5000	0.008	0.011	0.014	0.016	0.017	0.018

The selection of clusters is generally characterized by some homogeneity that tends to increase the variance of the sample. Thus, the variance in the sample for the 99RRHS is greater than a simple random sample would be due to the effect of clustering. The design effect represents the ratio of the two variance estimates: the variance of the complex design using clusters, divided by the variance of a simple random sample using the same sample size (Kish L.,

1967). For more details regarding design effects for specific reproductive health variables, the reader is referred to the Le and Verma report, which studied demographic and health surveys in 48 countries (Le TN and Verma JK, 1997). The pattern of variation of design effects is shown to be consistent across countries and variables. Variation among surveys is high but less so among variables. Urban -rural and regional differentials in design effects are small, which can be attributed to the fact that similar sample designs and cluster sizes were used across domains within each country. At the country level, the overall design effect, averaged over all variables and countries, is about 1.5 (we used 1.6 in Table B.1 to be slightly more conservative).

To obtain the 95% CI for proportions or sample sizes not shown in the table, one may interpolate. For example, for a sample size of 200 and a point estimate of 25% (midway between 0.20/0.80 and 0.30/0.70), the 95% CI would be plus or minus 7.5%; for a sample size of 300 (midway between 200 and 400) and an estimate of 20%, the 95% CI would be plus or minus 6.0%.

Differences between estimates discussed in this report were found to be statistically significant at the five percent level using a two-tailed normal deviate test ($p=0.05$). This means that in repeated samples of the same type and size, a difference as large as the one observed would occur in only 5% of samples if there were, in fact, no differences between the proportion in the population.

In this text, terms such as "greater," "less," "increase," or "decrease" indicate that the observed differences were statistically significant at the 0.05 level using a two-tailed deviate test. Statements using the phrase "the data suggest" indicate that the difference was significant at the 0.10 level but not the 0.05 level. Lack of comment in the text about any two statistics does not mean that the difference was tested and not found to be significant.

The relative standard error of a statistic (also called "coefficient of variation") is the ratio of the standard error (SE) for that statistic to the value of the statistic. It is usually expressed as a percent of the estimate. Estimates with a relative standard error of 30% or more are generally viewed as unreliable by themselves, but they may be combined with other estimates to make comparisons of greater precision. For example, an estimate of 20% based on a sample size of only 50 observations yields a SE of 7% (one half the 95% confidence interval shown in Table B.1). The relative standard error would be 35% (the ratio of the SE of 7% to the estimate of 20%), too large for the estimate to be reliable.

ANNEX C

INSTITUTIONAL PARTICIPATION

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July 28, 1999

**1999 ROMANIA REPRODUCTIVE HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE**

ID NUMBER _____

JUDET _____

CENSUS MAP _____

URBAN/RURAL _____

LOCALITY _____

STREET ADDRESS _____

BUILDING/HOUSE NUMBER _____

APARTMENT NUMBER _____

VISIT RECORD

Visit number	1	2	3	4
	Day Month	Day Month	Day Month	Day Month
Date of visit	_____	_____	_____	_____
Result*	_____	_____	_____	_____
Interviewer	_____	_____	_____	_____
Supervisor	_____	_____	_____	_____

* RESULT CODES

- 1 Completed Interview
- 2 No eligible woman (age 15-44) lives in the household
- 3 Nobody home
- 4 Selected Respondent not home
- 5 Household Refusal
- 6 Selected Respondent Refusal
- 7 Unoccupied house
- 8 Respondent incompetent _____
- 9 Other _____
- 10 Incomplete interview

SELECTION OF INDIVIDUAL RESPONDENT USING RANDOMIZATION TABLE:

NUMBER OF ELIGIBLE WOMEN LIVING IN THE HOUSEHOLD (SEE # IN Q 3)	LAST DIGIT OF QUESTIONNAIRE NUMBER									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	3	4	1	2	3	4	1	2	3	4
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3

IF ONLY ONE WOMAN AGED 15-44 LIVES IN THIS HOUSEHOLD, WRITE "1" IN Q5

5. RANK ORDER OF THE SELECTED RESPONDENT: _____

IF YOU DO NOT SPEAK WITH THE SELECTED RESPONDENT OR IF SHE IS NOT AVAILABLE FOR AN INTERVIEW AT THAT TIME, WRITE DOWN HER FIRST NAME AND SCHEDULE ANOTHER VISIT (DATE AND TIME)

FIRST NAME _____

DATE OF THE NEXT VISIT: _____ TIME: _____

1999 ROMANIA REPRODUCTIVE HEALTH SURVEY FEMALE QUESTIONNAIRE

TIME STARTED: ___ : ___

ID NUMBER _____ - ___

I. BACKGROUND CHARACTERISTICS

100. In what month and year were you born?

MONTH ___
YEAR 19 ___

88. DON'T KNOW

101. How old are you (at last birthday)? ___ YEARS OLD

88. DON'T KNOW

MAKE SURE THAT AGE AND DATE OF BIRTH CORRESPOND

102. What is the highest grade in school you successfully completed, not counting the current grade you are in?

- | | | |
|-------------------------------------|-----------------|---|
| 00 EVER ATTENDED | | 9 |
| 1. ELEMENTARY | 1 2 3 4 5 6 7 8 | 9 |
| 2. COMPLEMENTARY | 1 2 3 | 9 |
| 3. HIGH SCHOOL | 1 2 3 4 5+ | 9 |
| 4. PROFESSIONAL SCHOOL | 1 2 3 4 5+ | 9 |
| 5. TECHNICAL SCHOOL (POST HS) | 1 2 3+ | 9 |
| 6. UNIVERSITY/FACULTY | 1 2 3 4 5+ | 9 |
| 7. POST UNIVERSITY/GRADUATE STUDIES | 1 2 3 4 5 | 9 |
| 99. DO NOT REMEMBER | | |

IF Q102 = 5 OR MORE GO TO Q104; IF Q102 < 4 CONTINUE

103. Do you have a high school diploma?

- 1 YES
2 NO

104. Do you currently work outside of the home (at least 20 hours per week)?

1. YES ---> **GO TO Q106**
2. YES, BUT ON MATERNITY/PREGNANCY LEAVE---> **GO TO Q106**
3. NO

105. What is the main reason that you are not working at this time?

1. ATTENDING SCHOOL/BETWEEN SCHOOLS
2. VACATION
3. LOOKING FOR WORK
4. LAID OFF
5. DOES NOT NEED/WANT/LIKE TO WORK
6. MEDICAL LEAVE
7. MATERNITY LEAVE
8. INABILITY TO FIND/AFFORD CHILD CARE
9. HOMEMAKER
10. PERMANENT DISABILITY
11. ODD JOBS (<20 HOURS PER WEEK)
20. OTHER (SPECIFY)_____

106. Are you currently married, not married but living with someone, separated, divorced, widowed, or have you never been married ?

- 1 MARRIED --> **GO TO Q108**
- 2 NOT MARRIED BUT LIVING WITH A PARTNER --> **GO TO Q108**
- 3 SEPARATED \-->**GO TO Q108**
- 4 DIVORCED /
- 5 WIDOWED /
- 6 NEVER MARRIED

107. Have you ever lived with a boyfriend or partner ? (**LIVING TOGETHER MEANS HAVING A SEXUAL RELATIONSHIP WHILE SHARING THE SAME USUAL ADDRESS.**)

- 1 YES
- 2 NO-->**GO TO Q117**

108. How many times have you been married or lived with a man as husband and wife? _____ TIMES

HUSBAND PARTNER (FROM THE FIRST TO THE MOST RECENT)	109. In what month and year did you <u>begin living</u> with your... (first, second, third, or fourth) husband/partner?	110. <u>How old</u> was your I, II, III, IV husband/partner when you started to live together?	111. What was the highest grade in school that your I,II,III,IV husband/partner completed when you got married/started to live together ?	112. What is your current <u>union relationship</u> with your I, II, III, IV, husband/ partner, are you still in the relationship or how did the relationship end?	113. In what month and year did your <u>union</u> with your I,II,III,IV, .husband/partner <u>end</u> ?	114 IF:
I	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED--> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=1- >115 ELSE CONTINUE
II	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED--> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=2- >115 ELSE CONTINUE
III	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED--> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=3- >115 ELSE CONTINUE
IV	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	___ AGE 88 DK	0. NEVER ATTENDED 1. PRIMARY (1-8 YRS) 2. SECONDARY (9-12) 3. PROFESSIONAL 4. TECHNICAL SCH. 5. UNIVERSITY 8. UNKNOWN	1 MARRIED--> Q114 2 CONSENS. UNION-> Q114 3 SEPARATED 4 DIVORCED 5 WIDOWED	MTH ___ YR 19 ___ 22 DON'T KNOW/REF	Q108=4- >115 ELSE CONTINUE

115. When you first got married did you wish to have any children?

- 1 YES
- 2 NO----->**GO TO Q117**
- 3 NOT SURE----->**GO TO Q117**

116. How many children did you wish to have when you first got married?

- 1. 1
- 2. 1-2
- 3. 2
- 4. 2-3
- 5. 3
- 6. 3-4
- 7. 4 OR MORE
- 8. AS MANY AS GOD GIVES
- 20. OTHER: _____
- 88. NOT SURE/DON'T REMEMBER

117. Within the past 6 months, have you heard any program or ad on radio about modern contraceptives?

- 1. YES
- 2. NO
- 3. DID NOT LISTEN TO THE RADIO DURING THE PAST 6 MONTHS
- 8. DO NOT REMEMBER

118. Within the past 6 months, have you seen any program or ad on television about modern contraceptives?

- 1. YES
- 2. NO
- 3. DID NOT WATCH TV DURING THE PAST 6 MONTHS
- 8. DO NOT REMEMBER

119. Within the past six months have you read anything about modern contraceptives in a newspaper?

- 1. YES
- 2. NO
- 3. DID NOT READ NEWSPAPERS
- 8. DO NOT REMEMBER

120. Have you ever heard or seen the expression "Family planning"?

- 1 YES
- 2 NO---->**GO TO BOX 1-I**
- 8 DON'T KNOW---->**GO TO BOX 1-I**

121. Where did you hear or see it?

	<u>MENTIONED</u>	<u>NOT MENTIONED</u>
A. TELEVISION.....	1	2
B. RADIO	1	2
C. NEWSPAPER.....	1	2
D. PAMPHLETS/POSTERS.....	1	2
E. MAGAZINES	1	2
F. FP OFFICE	1	2
G. OTHER_____	1	2

122. What does "Family Planning" mean?
1. PLANNING THE NUMBER OF CHILDREN
 2. PLANNING THE TIME WHEN TO HAVE CHILDREN
 3. PLANNING THE FAMILY LIFE AND/OR FAMILY RELATIONS/STARTING A FAMILY
 4. PLANNING SEXUAL LIFE/RELATIONS
 5. PLANNING THE FAMILY BUDGET/ EXPENSES
 6. PREVENTING UNINTENDED PREGNANCIES
 7. PREVENTING STDS
 8. PREVENTING ABORTION
 9. USE OF CONTRACEPTIVE METHODS
 10. USE OF CONDOM
 11. FAMILY HEALTH
 12. INFERTILITY TREATMENT
 13. FAMILY LIFE EDUCATION
 14. SEXUAL EDUCATION/ SEXUAL HYGIENE
 15. MEDICAL CHECK-UPS DURING PREGNANCY (PRENATAL CARE)
 20. OTHER _____

IF YOU ARE NOT IN CLUJ, CONSTANTA OR IASI GO TO MODULE II

123. Do you recognize the symbol "A" shown here? (**SHOW CARD "A" WITH THE SECS LOGO**)
1. YES
 2. NO-----> **GO TO Q125**
 8. NOT SURE -----> **GO TO Q125**

124. What does Symbol A represent? (DO NOT READ CHOICES)
- 1 CONTRACEPTIVES AVAILABLE HERE
 - 2 USE MODERN CONTRACEPTIVES
 - 3 MINISTRY OF HEALTH PROGRAM
 - 4 FAMILY PLANNING--IT IS YOUR CHOICE
 - 5 SOCIETY FOR CONTRACEPTIVE AND SEXUAL EDUCATION (SECS)
 - 6 OTHER _____
 - 8 DON'T KNOW

125. Do you recognize the symbol "B" shown here? (**SHOW CARD "B" WITH THE NATIONAL LOGO**)
1. YES
 2. NO-----> **GO TO MODULE II**
 8. NOT SURE -----> **GO TO MODULE II**

126. What does Symbol B represent? (DO NOT READ CHOICES)
- 1 CONTRACEPTIVES AVAILABLE HERE
 - 2 USE MODERN CONTRACEPTIVES
 - 3 MINISTRY OF HEALTH PROGRAM
 - 4 FAMILY PLANNING--IT IS YOUR CHOICE
 - 5 SOCIETY FOR CONTRACEPTIVE AND SEXUAL EDUCATION (SECS)
 - 6 OTHER _____
 - 8 DON'T KNOW

II. SEX EDUCATION

The next set of questions are about sex education.

201. Do you think schools should teach courses about reproductive biology, contraception, and prevention of sexually transmitted diseases?

- 1. YES
- 2. NO --> **GO TO 203**
- 8. DK
- 9. NR --> **GO TO 203**

202. At what year of age should they begin to teach about? (**READ A-C**)

- | | |
|------------------------------|------------------------------------|
| A. Human Reproduction? _____ | 77. SHOULD NOT BE TAUGHT IN SCHOOL |
| B. Contraception? _____ | 88. DK |
| C. STD's _____ | 99. NR |

203. Now I want to read some reasons for which one may oppose sex education in school. Please tell me if you agree or don't agree. (**READ A-D**)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>	<u>NR</u>
A. Because of sex education adolescents become sexually active too early	1	2	8	9
B. Sex education should be taught only in the family	1	2	8	9
C. Sex education goes against my religious beliefs	1	2	8	9
D. School teachers lack qualifications to teach sex education	1	2	8	9

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION III

204. Before you were 18 years old, did a parent ever talk to you about.....(**READ A-F**)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>NR</u>
A. Menstrual Cycle?.....	1	2	8	9
B. How Pregnancy Occurs?.....	1	2	8	9
C. Not Having Sexual Intercourse Before Marriage?.....	1	2	8	9
D. Methods of Contraception?.....	1	2	8	9
E. HIV/AIDS	1	2	8	9
F. Other Sexually Transmitted Diseases?	1	2	8	9

READ EACH QUESTION 205-207 FROM THE TABLE FOR EACH TOPIC OF SEX EDUCATION:

TOPIC	205. Before you were 18 years old, have you ever been taught at school about.? (READ A-G)	206. How old were you when you first were taught at school about...?	207. Who taught you at school about...?
A. Menstrual Cycle	1 YES --> GO TO Q206 2 NO --> GO TO Q205B 8 DK --> GO TO Q205B 9 NR --> GO TO Q205B	---	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
B. Female Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205C 8 DR --> GO TO Q205C 9 NR --> GO TO Q205C	---	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
C. Male Reproductive System	1 YES --> GO TO Q206 2 NO --> GO TO Q205D 8 DR --> GO TO Q205D 9 NR --> GO TO Q205D	---	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
D. How Pregnancy Occurs	1 YES --> GO TO Q206 2 NO --> GO TO Q205E 8 DR --> GO TO Q205E 9 NR --> GO TO Q205E	---	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
E. Contraceptive Methods	1 YES --> GO TO Q206 2 NO --> GO TO Q205F 8 DR --> GO TO Q205F 9 NR --> GO TO Q205F	---	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
F. HIV/AIDS	1 YES --> GO TO Q206 2 NO --> GO TO Q205G 8 DR --> GO TO Q205G 9 NR --> GO TO Q205G	---	1 TEACHER 2 DOCTOR/NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER
G. Other Sexually Transmitted Diseases	1 YES --> GO TO Q206 2 NO --> GO TO Q208 8 DR --> GO TO Q208 9 NR --> GO TO Q208	---	1 TEACHER 2 DOCTOR/ NURSE 3 VOLUNTEER 7 OTHER _____ 8 DON'T REMEMBER

208. In your opinion, what was the most important source of information you have had about topics related to sexual matters?

- | | |
|----------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. FATHER | 11. TEACHER |
| 3. RELATIVE | 12. PHARMACIST |
| 4. BOYFRIEND | 13. BOOKS |
| 5. FRIENDS | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEERS | 16. TV |
| 8. PARTNER/HUSBAND | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

III. FERTILITY/PREGNANCY

300. Are you currently pregnant?

- 1 YES
- 2 NO-->**GO TO Q305**
- 3 NOT SURE-->**GO TO Q305**

301. How many months pregnant are you now? ____ MONTHS

302. Just before you get pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant?

1. WANTED TO GET PREGNANT THEN
2. WANTED TO GET PREGNANT LATER
3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE
8. NOT SURE

303. Is this your first pregnancy?

- 1 YES
- 2 NO----->**GO TO Q307**
- 3 NOT SURE

304. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

- 1 YES ---->**GO TO Q311**
- 2 NO----->**GO TO MODULE IV, PAGE 18**

305. Have you ever been pregnant?

- 1 YES----->**GO TO Q307**
- 2 NO
- 3 NOT SURE
- 4 NEVER HAD SEX -->**GO TO MODULE IV, PAGE 18**

306. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?

1. YES----->**GO TO Q311**
2. NO----->**GO TO MODULE IV, PAGE 18**

307. Have you ever had any live-born children?

1. YES
2. NO----->**GO TO Q311**

308. How many living children do you have, including those who do not live with you? ____ CHILDREN

309. Have you ever had a child born alive who later died or died right after birth?

1. YES
2. NO --> **GO TO Q310B**

310. How many children died? ____ CHILDREN

310A. So altogether you had a total of ____ (Q308+Q310) live births? **CHECK Q308 AND Q310 AND MAKE CHANGES IF NECESSARY**

IF Q308=0 GO TO Q311

310B. Are all the children born to you still living with you (IF 310>0 ADD: "not including those who died")?

- 1. YES----->GO TO Q311
- 2. NO

310C How many of them are not living with you ? (DO NOT INCLUDE CHILDREN SPENDING THE HOLIDAY SOMEWHERE ELSE) ___ ___ CHILDREN

310D. Are any of the children born to you currently: (READ OPTION I-V):

- I. Living With Relatives _____
- II. Living On their Own _____
- III. Living In Orphanage or Children's Home _____
- IV. Living In Hospitals for orphans or special institutions _____
- V. Have run away from home _____
- VI. OTHER (SPECIFY _____) _____

VERIFY THAT THE SUM OF Q310DI--Q310DVI=Q310C AND, IF NOT, CORRECT Q310C-Q310D; IF Q310DIII = 0 GO TO Q311; ELSE CONTINUE

310F What is the most important reason for having this child (these children) placed in an institution/orphanage?

- 1. ECONOMIC REASONS
- 2. HANDICAPPED CHILD
- 3. NOT ACCEPTED BY HUSBAND/PARTNER
- 4. THE CHILD GREW UP IN INSTITUTION
- 5. STEPCILD (GO BACK AND CORRECT Q308--Q310D)
- 6. OTHER (SPECIFY)_____

311. (Not counting the children born to you), have any children lived with you under your care and responsibility for at least three months?

- 1. YES
- 2. NO----->GO TO PREGNANCY HISTORY, PAGE 9

311A How many children not born to you have lived under your care and responsibility? ___ ___ CHILDREN

311B What was your relationship with this(se) child(ren), was the child (READ I-III AND WRITE # OF CHILDREN IN EACH CATEGORY):

- I. Your stepchild (BY BIRTH OR ADOPTION) _____
- II. The child of a relative _____
- III. The child of a friend _____
- V. OTHER (specify _____) _____

311C. How many of the children not born to you are not living with you anymore ?

___ ___ CHILDREN NOT BORN TO RESPONDENT IF "0" GO TO PREGNANCY HISTORY, PG. 9

311D. Are any of the children NOT born to you currently: (READ OPTION I-V):

- I. Living With Relatives _____
- II. Living On their Own _____
- III. Living In Orphanage or Children's Home _____
- IV. Living In Hospitals for orphans or special institutions _____
- V. Have run away from home _____
- VI. OTHER (SPECIFY _____) _____

VERIFY THAT THE SUM OF Q311DI--Q311DVI=Q311C AND IF NOT CORRECT Q311C--Q311D; IF Q311D_III = 0 GO TO PREGNANCY HISTORY, PAGE 9; ELSE CONTINUE

311E. What is the most important reason for having this child (these children) placed in an orphanage? _____ (USE THE CODES FROM Q310F)

PREGNANCY HISTORY

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or how they ended, whether in a live birth, an abortion, a miscarriage, or a stillbirth. Starting with your most recent pregnancy, please give me the following information:

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
							Just before you get pregnant, did you want to get pregnant then, did yo want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>1</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>2</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WKS. OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>3</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>4</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES- >Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
							Just before you get pregnant, did you want to get pregnant then, did yo want to get pregnant later, or did you not want to get pregnant then or any time in the future?
<u>5</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__ WEEKS OR 2__ MTHS OR 3.__ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>6</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1___ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__ WKS. OR 2__ MTHS OR 3.__ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>7</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1__ __ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__ WEEKS OR 2__ MTHS OR 3.__ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>8</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1__ __ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__ WEEKS OR 2__ MTHS OR 3.__ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
<u>9</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1__ __ WEEKS OR 2___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1__ WEEKS OR 2__ MTHS OR 3.__ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE

#	312	313	314	315	316	317	318
							IF Q313B < 94 --->GO TO NEXT PREGNANCY
10	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
11	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
12	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
13	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO Q318	1. BOY 2. GIRL 3. BOTH	1. YES-> Q318 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR	1. WANTED TO GET PREGNANT THEN 2.WANTED TO GET PREGNANT LATER 3. DID NOT WANT THE PREGNANCY THEN OR ANY TIME IN THE FUTURE 8. NOT SURE
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#	312	313	314	315	316	317
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	Was the baby a boy or a girl?	Is the child still alive?	How old was the child when he died?
15	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
16	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
17	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
18	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR
19	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1__WEEKS OR 2__MTHS OR 3.__YRS. 888. DK 998. NR

#	312	313	314	315	316	317
<u>20</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>21</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>22</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO NEXT LINE	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO THE NEXT PG. 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR
<u>23</u>	1.LIVE BIRTH (SINGLE) 2.MULTIPLE LIVE BIRTH 3.MULTIPLE (LB WITH SB) 4.STILLBIRTH (SINGLE) 5.MULTIPLE STILLBIRTH 6.MISCARRIAGE 7.INDUCED ABORTION 8.ECTOPIC PREGNANCY	A. ___ MTH B. ___ YEAR 22. DK 33. NR	1 ___ WEEKS OR 2 ___ MONTHS 888. DK 998. NR IF Q312>3 GO TO BOX 3-I	1. BOY 2. GIRL 3. BOTH	1. YES-> GO TO BOX 3-I 2. NO	1 ___ WEEKS OR 2 ___ MTHS OR 3 ___ YRS. 888. DK 998. NR

BOX3-I

- ▶ **THE FOLLOWING QUESTIONS ARE ONLY FOR PREGNANCIES ENDED BETWEEN 1994-1999 IF RESPONDENT HAD AT LEAST A LIVEBIRTH, STILLBIRTH, OR INDUCED ABORTION (Q312=1--5,7) ENDED BETWEEN 1994-1999 THEN CONTINUE WITH Q319 ON THE NEXT PAGE;**
- ▶ **IF SHE HAD ONLY MISCARRIAGE(S) OR ECTOPIC PREGNANCY(IES) (Q312=6,8), GO TO MODULE IV, PAGE 18;**
- ▶ **IF SHE DID NOT HAVE ANY PREGNANCY IN 1994-1999 (CHECK Q313B), GO TO MODULE IV, PAGE 18.**

319. HOW MANY INDUCED ABORTIONS DID THE RESPONDENT HAVE BETWEEN JANUARY 1994 AND THE PRESENT (CHECK THE PREGNANCY HISTORY):

INDUCED ABORTIONS ____ (IF '00' GO TO Q332)

320. COPY LINE #. FROM Q311	LAST ABORTION --	NEXT TO LAST ABORTION --	SECOND TO LAST AB. --	THIRD TO LAST AB. --																																																																																				
321. What was the principal reason that you decided to have this abortion?	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK	1. PREGNANCY WAS LIFE OR HEALTH THREATENING 2. RISK OF BIRTH DEFECTS 3. SOCIOECONOMIC REASONS 4. RESPONDENT DID NOT WANT (ANY) CHILDREN 5. PARTNER DID NOT WANT (ANY) CHILDREN 6. DID NOT HAVE A PARTNER 7. OTHER _____ 8. DK																																																																																				
322. Where was that abortion performed?	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____	1. HOSPITAL (GYN WARD) 2. PRIVATE CLINIC/OFFICE 7. OTHER _____																																																																																				
323. How much did you pay for that abortion, including gifts or money given to the doctor?	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER	____ THS. LEI 0 0 0 0 NO CHARGE 8 8 8 8 NOT REMEMBER																																																																																				
324. Did you have any local or intravenous anesthesia for that abortion?	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR	1. LOCAL (UTERINE CERVIX) 2. INTRAVENOUS 3. NEITHER LOCAL NOR IV 8. DK/DR																																																																																				
324A. Have you been treated with antibiotics after this abortion?	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR																																																																																				
325. Whithin 30 days after that abortion did you have any health problems?	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327	1. YES 2. NO-----> GO TO Q327																																																																																				
326. Did you have one of the following problems: (READ 1-7)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1. Perforation</td> <td>1</td> <td>2</td> </tr> <tr> <td>2. Severe Bleeding</td> <td>1</td> <td>2</td> </tr> <tr> <td>3. Fever >38 °C</td> <td>1</td> <td>2</td> </tr> <tr> <td>4. Infection</td> <td>1</td> <td>2</td> </tr> <tr> <td>5. Sever Pelvic Pain</td> <td>1</td> <td>2</td> </tr> <tr> <td>7. Other _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	1. Perforation	1	2	2. Severe Bleeding	1	2	3. Fever >38 °C	1	2	4. Infection	1	2	5. Sever Pelvic Pain	1	2	7. Other _____	1	2
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327. How many nights did you spend in the hospital after that abortion (+re-admissions during the first month) ?	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK	__ __ NIGHTS 88 DK																																																																																				
328. Did you have any related health problems at six months or later?	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330	1. YES 2. NO-----> Q330 3. NOT YET 6 MTH.---->Q330 8. DON'T REMEMBER-->Q330																																																																																				
329. What was the most important health problem at six months or later?	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____	1. PELVIC PAIN 2. STERILITY 3. INFECTION 4. LACK OF MENSES 5. IRREGULAR BLEEDING 6. DYSMENORRHEA 7. OTHER _____																																																																																				
330. Either before or after the abortion, did a doctor or nurse talk to you about contraception?	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER	1. YES, BEFORE ABORTION 2. YES, AFTER ABORTION 3. YES, BEFORE & AFTER 4. NO ----->GO TO Q331 8. DON'T REMEMBER																																																																																				
330A. After that abortion, did you receive a method of contraception or prescription?	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER	1. GOT A METHOD 2. GOT PRESCRIPTION 3. NO METHOD OR RX. 8. DON'T REMEMBER																																																																																				
331. After that abortion, did a doctor or nurse refer you to a FP clinic?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																				

332. HOW MANY BIRTHS HAS THE RESPONDENT HAD BETWEEN JANUARY 1994 AND PRESENT (SEE PG. 9-12)

1. LIVE BIRTHS

2. STILLBIRTHS

___ (IF NO LIVEBIRTH OR STILLBIRTH GO TO MODULE IV PAGE 18)

333. COPY LINE #. FROM Q311	LAST BIRTH ___	NEXT TO LAST BIRTH ___	SECOND TO LAST BIRTH ___																																																																																	
334. During the 6 mths before you found out you were pregnant, how many cigarettes did you smoke a day, on average?	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336	0. NONE ---->GO TO Q336 1. 1-4 (JUST A FEW) 2. 5-10 CIGARETTES (OR ½ PACK) 3. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER--->GO TO Q336																																																																																	
335. On the average, how many cigarettes did you smoke per day after you found out that you were pregnant?	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER	1. NONE (QUIT SMOKING) 2. ONE A DAY OR LESS 3. 2-5 (JUST A FEW) 4. 6-10 CIGARETTES (OR ½ PACK) 5. 11 + (LESS THAN A PACK OR MORE) 8. DON'T REMEMBER																																																																																	
336. How many times per week did you drink alcoholic beverages during that pregnancy?	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER	1. 4 TIMES OR MORE /ALMOST DAILY 2. 1-3 TIMES 3. LESS THAN ONCE PER WEEK 4. NEVER																																																																																	
337. How many weeks or months pregnant were you when you learned that you were pregnant that time?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																																	
338. During that pregnancy, did you have any prenatal care visits?	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346	1. YES 2. NO--->GO TO Q346 8. DON'T REMEMBER->GO TO Q346																																																																																	
339. How many weeks or months pregnant were you at the time of your first prenatal visit?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																																	
340. How many prenatal visits did you have during that pregnancy?	___ VISITS 88. DK 98. REF	___ VISITS 88. DK 98. REF	___ VISITS 88. DK 98. REF																																																																																	
341. Where did you go for most of the prenatal care visits?	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____	1. DISPENSARY (URBAN OR RURAL) 2. GOV. POLICLINIC 3. PRIVATE OFFICE/CLINIC 4. MATERNITY/HOSPITAL 5. HOME 7. OTHER _____																																																																																	
342. During those visits, did you receive any information about: (READ A-H):	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic.</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic.	1	2	H. Postnatal Care	1	2	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>A. Nutrition</td><td>1</td><td>2</td></tr> <tr><td>B. Smoking during Pregnancy</td><td>1</td><td>2</td></tr> <tr><td>C. Drinking Alcohol during Pg.</td><td>1</td><td>2</td></tr> <tr><td>D. Breastfeeding</td><td>1</td><td>2</td></tr> <tr><td>E. Delivery</td><td>1</td><td>2</td></tr> <tr><td>F. Contraception</td><td>1</td><td>2</td></tr> <tr><td>G. Warning Signs of Pg. Complic</td><td>1</td><td>2</td></tr> <tr><td>H. Postnatal Care</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	A. Nutrition	1	2	B. Smoking during Pregnancy	1	2	C. Drinking Alcohol during Pg.	1	2	D. Breastfeeding	1	2	E. Delivery	1	2	F. Contraception	1	2	G. Warning Signs of Pg. Complic	1	2	H. Postnatal Care	1	2
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H. Postnatal Care	1	2																																																																																		
343. During any of those visits did you have blood drawn for lab tests?	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR	1. YES 2. NO 8. DK/DR																																																																																	
344. During those visits, did you have your blood pressure measured?	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER-->GO TO Q346	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER--->GO TO Q346	1. YES 2. NO----->GO Q346 8. DON'T REMEMBER-->GO TO Q346																																																																																	
345. During those visits, were you ever told that you have high blood pressure?	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER	1. YES 2. NO 8. DON'T REMEMBER																																																																																	
346. Did you have an ultrasound (US) exam during that pregnancy?	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348	1. YES 2. NO----->GO TO Q348 8. DON'T REMEMBER->GO TO Q348																																																																																	

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH																																																																								
347. How many weeks or months pregnant were you at the time of your first US?	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR	1. ___ WEEKS OR 2. ___ MONTHS 888 DK/DR																																																																								
348. During that pregnancy, did you have any complications that required medical attention?	1. YES 2. NO-----> GO TO Q352 8. DON'T REMEMBER--> GO TO Q352	1. YES 2. NO-----> GO TO Q352 8. DON'T REMEMBER-----> GO TO Q352	1. YES 2. NO-----> GO TO Q352 8. DON'T REMEMBER-----> GO TO Q352																																																																								
349. What complications did you have? Did you have: (READ EACH CONDITION A-L)	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES NO</td> </tr> <tr> <td>A. Weak Cervix</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>B. Bleeding During First 6 Mths of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>C. Bleeding at 6 Mths or More of Pregnancy</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>D. High BP Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>E. Diabetes Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>F. Water Retention or Edema</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>H. Anemia Related to Preg.</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>I. Urinary Tract Infection</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>J. Risk of Preterm Delivery</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>K. Rh Isoimmunization</td> <td style="text-align: center;">1 2</td> </tr> <tr> <td>L. Other_____</td> <td style="text-align: center;">1 2</td> </tr> </table>		YES NO	A. Weak Cervix	1 2	B. Bleeding During First 6 Mths of Pregnancy	1 2	C. Bleeding at 6 Mths or More of Pregnancy	1 2	D. High BP Related to Preg.	1 2	E. Diabetes Related to Preg.	1 2	F. Water Retention or Edema	1 2	H. Anemia Related to Preg.	1 2	I. Urinary Tract Infection	1 2	J. Risk of Preterm Delivery	1 2	K. Rh Isoimmunization	1 2	L. Other_____	1 2
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350. Not including the delivery, how many times were you hospitalized for pregnancy complications?	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q352	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q352	___ 00 NEVER HOSP. ___ TIMES 88 DK/DR IF "00" GO TO Q352																																																																								
351. How many <u>total nights</u> were you in the hospital for these complications?	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR																																																																								
352. Where did you give birth to this baby?	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357	1. HOSPITAL, MATERNITY 2. PRIVATE CLINIC 3. BIRTH HOUSE 4. HOME-----> Q357 5. ON THE WAY TO HOSP.----> Q357																																																																								
353. How many hours before delivery were you admitted to the place where you gave birth?	___ HOURS 88 DK/DR	___ HOURS 88 DK/DR	___ HOURS 88 DK/DR																																																																								
354. How many nights were you in that place after you delivered?	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR	___ NIGHTS 88 DK/DR																																																																								
355. Was that baby born by vaginal delivery, forceps, or C-section?	1. VAGINAL DELIVERY--> GO TO Q357 2. FORCEPS -> GO TO Q357 3. CESAREAN SECTION	1. VAGINAL DELIVERY--> GO TO Q357 2. FORCEPS -> GO TO Q357 3. CESAREAN SECTION	1. VAGINAL DELIVERY--> GO TO Q357 2. FORCEPS -> GO TO Q357 3. CESAREAN SECTION																																																																								
356. Do you know what was the <u>reason or reasons</u> you had to deliver by cesarean section ? (CIRCLE MORE THAN ONE IF MENTIONED)	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____	1. BABY TOO BIG (CPD) 2. MALPRESENTATION 3. BABY STARTED TO SUFFER 4. PROLONGED LABOR/FAILED INDUC. 5. OBSTETRIC HEMORRHAGE 6. PREVIOUS CESAREAN SECTION 7. ON REQUEST 88. DON'T KNOW 20. OTHER_____																																																																								
357. How long had you been in labor with that pregnancy (regular contractions 5' apart)	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR	___ HOURS 00. C-SECTION BEFORE LABOR 88. DK/DR																																																																								
358. Who attended the delivery of that child?	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED	1. PHYSICIAN 2. NURSE/MIDWIFE 3. OTHER_____ 4. UNATTENDED																																																																								
359. How much did the baby weigh at birth?	___ GRAMS----> Q361 8888 DON'T KNOW	___ GRAMS----> Q361 8888 DON'T KNOW	___ GRAMS----> Q361 8888 DON'T KNOW																																																																								
360. Do you know if the baby weighed less than 2500 g or was too small?	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR	1. YES, WAS LESS THAN 2500g 2. NO, WAS MORE THAN 2500g 3. DK/DR																																																																								

	LAST BIRTH	NEXT TO LAST BIRTH	SECOND TO LAST BIRTH
361. During the first 6 weeks after birth, did you have any of the following complications: (READ A-H)	<p style="text-align: right;">YES NO</p> A. Severe Bleeding 1 2 B. Bad-smelling Vaginal Dischar 1 2 C. Infection of Surgical Wound 1 2 D. Faint/coma 1 2 E. High Fever (39-40c) 1 2 F. Dysuria 1 2 G. Painful Uterus (pelvic pain) 1 2 H. Breast Infection 1 2	<p style="text-align: right;">YES NO</p> A. Severe Bleeding 1 2 B. Bad-smelling Vaginal Dischar 1 2 C. Infection of Surgical Wound 1 2 D. Faint/coma 1 2 E. High Fever (39-40c) 1 2 F. Dysuria 1 2 G. Painful Uterus (pelvic pain) 1 2 H. Breast Infection 1 2	<p style="text-align: right;">YES NO</p> A. Severe Bleeding 1 2 B. Bad-smelling Vaginal Dischar 1 2 C. Infection of Surgical Wound 1 2 D. Faint/coma 1 2 E. High Fever (39-40c) 1 2 F. Dysuria 1 2 G. Painful Uterus (pelvic pain) 1 2 H. Breast Infection 1 2
362. For how many months after the birth did you not have a period?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET
363. How many months after birth did you resume sexual relations?	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET	___ MONTHS 88. DK/DR 77. NOT YET
	IF STILLBIRTH --> GO TO THE NEXT BIRTH	IF STILLBIRTH --> GO TO THE NEXT BIRTH	IF STILLBIRTH GO TO MODULE IV
364. During the first 6 weeks after birth, did you have any postnatal visit?	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366	1. YES 2. NO -----> GO TO Q366 8. DON'T REMEMBER --> GO TO Q366
365. During those visits did you receive information about: (READ A-F)	<p style="text-align: right;">YES NO</p> A. BREASTFEEDING 1 2 B. BREAST CARE 1 2 C. CHILD CARE 1 2 D. IMMUNIZATION 1 2 E. NUTRITION 1 2 F. CONTRACEPTION 1 2	<p style="text-align: right;">YES NO</p> A. BREASTFEEDING 1 2 B. BREAST CARE 1 2 C. CHILD CARE 1 2 D. IMMUNIZATION 1 2 E. NUTRITION 1 2 F. CONTRACEPTION 1 2	<p style="text-align: right;">YES NO</p> A. BREASTFEEDING 1 2 B. BREAST CARE 1 2 C. CHILD CARE 1 2 D. IMMUNIZATION 1 2 E. NUTRITION 1 2 F. CONTRACEPTION 1 2
366. Did you breastfeed?	1. YES 2. NO-----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH	1. YES 2. NO -----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH	1. YES 2. NO-----> GO TO Q370 3. NO, INFANT DIED---> NEXT BIRTH
367. How long after birth did you start breastfeeding?	1. ___ HOURS 777. LESS THAN 1HR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1 HR 2. ___ DAYS 888. DON'T REMEMB.	1. ___ HOURS 777. LESS THAN 1 HR 2. ___ DAYS 888. DON'T REMEMB.
368. Are you still breastfeeding?	1. YES -----> GO TO Q 370 2. NO 3. NO, INFANT DIED---> NEXT BIRTH		
369. How old was the baby when you stopped breastfeeding?	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 2. ___ WEEKS 888. DK/DR 3. ___ MTHS
370. How old was the baby when you gave him/her water or other liquids?	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS
371. How old was the baby when you started feeding with formula or other milk?	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS	1. ___ DAYS 777. NOT YET 2. ___ WEEKS 888. DK/DR 3. ___ MTHS
372. How old was the baby when you started feeding with solid or semi-solid food?	___ MTHS 77. NOT YET 88. DK/DR IF STILL BREASTFEEDING-->GO TO THE NEXT BIRTH	___ MTHS 77. NOT YET 88. DK/DR	___ MTHS 77. NOT YET 88. DK/DR
373. Why did you Stop breastfeeding? FOR WOMEN WHO DID NOT BREASTFEED (Q366=2) ASK: Why did you not breastfeed?	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR	1. MOTHER WEAK/ILL 2. CHILD WEAK/ILL 3. CHILD DIED 4. NIPPLE/BREAST PROBLEMS 5. NOT ENOUGH MILK 6. MOTHER WORKING 7. CHILD REFUSED 8. BECAME PREGNANT 9. WEANING AGE/AGE TO STOP 10. PREFERRED BOTTLE-FEEDING 20. OTHER _____ 88. DK/DR

MODULE IV: FAMILY PLANNING KNOWLEDGE/ SEXUAL EXPERIENCE

For each of the following methods of preventing pregnancy, please tell me:

METHOD	400. Have you ever heard of it?	401. Do you know how to use it?	402. Have you ever used it?	403. Do you know where to get it?	404. How did you hear about it? (SEE CODES BELOW)
A. Pills	1 Yes-->Q401 2 No--->B	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
B. IUD	1 Yes-->Q401 2 No--->C	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
C. Condoms	1 Yes-->Q401 2 No--->D	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
D. Foam/Jelly/ Cream/ C-Films	1 Yes-->Q401 2 No--->E	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
E. Female Sterilization	1 Yes-->Q401 2 No--->F	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
F. Vasectomy	1 Yes-->Q401 2 No--->G	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
G. Injectables (e.g. Depo-Provera)	1 Yes-->Q401 2 No--->H	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
H. Emergency Hormonal Contraception ("Morning After Pill")	1 Yes-->Q401 2 No--->I	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q403	1 Yes \ 2 No / Q404	---
I. Rhythm/Calendar	1 Yes-->Q401 2 No--->J	1 Yes-->Q402 2 No-->Q402	1 Yes \ 2 No / Q404		---
J. Withdrawal	1 Yes-->Q401 2 No--->Q405	1 Yes-->Q402 2 No--->Q402	1 Yes \ 2 No / Q404		---

CODES FOR Q404 (DO NOT READ)

- | | |
|---------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. FATHER | 11. TEACHER |
| 3. RELATIVE | 12. PHARMACIST |
| 4. BOYFRIEND | 13. BOOKS |
| 5. FRIENDS | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. COLLEAGUES, PEER | 16. TV |
| 8. PARTNER/HUSBAND | 20. OTHER (SPECIFY): _____ |
| 9. DOCTOR | 88. DON'T REMEMBER |

405. Looking at this CARD, please tell me which do you think is the most effective contraceptive method?
(SHOW CARD C)

- 1. The Pill
- 2. IUD
- 3. Condom
- 6. Foams/jelly/creams/C-films
- 7. Female Sterilization
- 8. Emergency Hormonal Contraception ("Morning After Pill")
- 9. Injectables (Depo-Provera)
- 10. Vasectomy
- 11. Rhythm Method
- 12. Withdrawal
- 77. NONE OF THEM----->GO TO BOX 4-I
- 88. DON'T KNOW/NOT SURE ----->GO TO BOX 4-I

406. For each of these methods on CARD C, please tell me how can a woman be that she would not get pregnant if she takes the method correctly. Will she be very sure, almost sure, sure, not very sure, or not at all sure that she will not get pregnant?

	<u>VERY SURE</u>	<u>ALMOST SURE</u>	<u>SURE</u>	<u>NOT VERY SURE</u>	<u>NOT SURE</u>	<u>DON'T KNOW</u>
1. THE PILL.....1	1	2	3	4	5	8
2. IUD.....1	1	2	3	4	5	8
3. CONDOM.....1	1	2	3	4	5	8
6. LOCAL SPERMICIDES.....1	1	2	3	4	5	8
7. TUBAL LIGATION.....1	1	2	3	4	5	8
8. EMERGENCY HORMONAL CONTRACEPTION/MAP.....1	1	2	3	4	5	8
9. INJECTABLES (DEPO-PROVERA).....1	1	2	3	4	5	8
10. VASECTOMY.....1	1	2	3	4	5	8
11. CALENDAR.....1	1	2	3	4	5	8
12. WITHDRAWAL.....1	1	2	3	4	5	8

BOX 4-I

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO Q420 PAGE 21

408. How old were you when you had your first menstruation ___ AGE 00. NOT YET
 88. DON'T REMEMBER
 99. REFUSE TO ANSWER

409. Did you know what menstruation was at that time?
 1. YES
 2. NO
 8 NOT SURE

418. Who made then decision to use contraception at that time? (**READ 1-3**)

1. You
2. Your partner
3. Both you and your partner
8. DON'T REMEMBER

GO TO Q421

419. What was the main reason for not using a contraceptive method at that time?

- 1 SEX WAS NOT EXPECTED
- 2 THOUGHT IT WAS A SAFE TIME OF THE MONTH
- 3 COULD NOT FIND A CONTRACEPTIVE METHOD/UNAVAILABLE/DIFFICULT TO GET
- 4 RESPONDENT WAS AGAINST IT
- 5 PARTNER WAS AGAINST IT
- 6 DID NOT KNOW ABOUT CONTRACEPTION
- 7 WANTED TO GET PREGNANT
- 8 DID NOT WANT TO USE A METHOD
- 9 DID NOT THINK ABOUT USING A METHOD/NEGLIGENCE
- 10 RESPONDENT AFRAID OF PARTNER'S REACTION
11. TOO DRUNK (PARTNER OR RESPONDENT)
12. RESPONDENT WAS TOO EMBARRASSED TO USE A METHOD
- 20 OTHER (SPECIFY) _____
- 88 DON'T REMEMBER/DON'T KNOW

GO TO Q421

420. How old were you at the time of your first sexual intercourse?

___ ___ YEARS

00. NEVER HAD INTERCOURSE---->**GO TO Q601 PAGE 33**
88. DK/DR

421. During the past 30 days (past month) have you had sexual intercourse?

1. YES
2. NO --->**GO TO Q436**
9. REF --->**GO TO Q436**

422. How many times have you had sexual intercourse during the past 30 days (**READ 1-5**)?

1. Every day
2. 3-5 times per week,,
3. 1-2 times per week,
4. 2-3 times per month, or
5. Only once
9. REF

GO TO Q445

V. CURRENT AND PAST CONTRACEPTIVE USE

501. RECORD WHETHER RESPONDENT REPORTED HAVING USED ANY METHOD (ANY Q402=1)

- 1 NEVER USED (NO Q402=1)
- 2 EVER USED (ANY Q402=1)---->GO TO Q503

502. So, you said that you or any of your partners have never used any method to prevent pregnancy?

- 1 NEVER USED--->GO TO Q515, PAGE 25
- 2 EVER USED--->CORRECT Q402 THEN CONTINUE

503. Are you (or your partner) **currently** using (in the last 30 days) any method or doing anything to prevent pregnancy?

- 1 YES
- 2 NO--->GO TO Q515 PAGE 25

504. What method are you currently using?

1. THE PILL
2. IUD
3. CONDOM----->GO TO Q506
4. CONDOM +SPERMICIDE--->GO TO Q506
5. CONDOM +WITHDRAWAL/CALENDAR->GO TO Q506
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS_____
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS_____
88. NOT SURE

505. In the last 30 days, did you and your partner ever use a condom in addition to the method you are using?

- 1 YES
- 2 NO

IF Q504=1,2,7, 9, 10, OR 11 GO TO Q507

506. In the last 30 days how often did you/your partner use this method (READ 1-3) ?

1. Always, at each sexual intercourse,
2. almost always,
3. Sometimes
9. REF

507. Why did you choose this method?

1. DOCTOR RECOMMENDED
2. COST
3. VERY EFFECTIVE
4. VERY SAFE (FEW SIDE EFFECTS)
5. SAW ADS (TV, RADIO, PRESS, BROCHURES)
6. EASY TO USE
7. PARTNER PREFERS IT
8. KNOWS SOMEBODY WHO USES IT
9. CURIOSITY/WANTED TO TRY IT
10. ALLOWS SPONTANEITY DURING INTERCOURSE
20. OTHER_____
88. DK

IF Q504 = 1-10, OR 88 GO TO Q510; IF SHE USES NATURAL METHODS (Q504 =11-20), CONTINUE

508. Please tell me whether each of the following reasons was very important, somewhat important, or not important at all in your decision to use _____ (CODE FROM Q504 FOR TRADITIONAL METHOD) instead of a modern method:

	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>	<u>Not Sure</u>
A. Difficult to get a modern method	1	2	3	8
B. Cost of these modern methods	1	2	3	8
C. Little knowledge of modern methods	1	2	3	8
D. Fear of or experience with side effects	1	2	3	8
E. Husband/Partner preference	1	2	3	8
F. Religious beliefs	1	2	3	8
G. Doctor's recommendation	1	2	3	8
H. Other person advice (specify: _____)	1	2	3	8

509. How effective at preventing pregnancy do you think _____ (CODE FROM Q504 FOR TRADITIONAL METHOD) is compared to modern methods, like the pill or the IUD? (READ 1-3)

- 1 Current method more effective
- 2 About equally effective
- 3 Current method less effective
- 8 DON'T KNOW/NOT SURE

510. Do you have any problems or concerns with using your current method?

- 1 YES
- 2 NO--->GO TO Q512

511. What is the most important problem?

1. SIDE EFFECTS
2. HEALTH CONCERNS
3. ACCESS/AVAILABILITY
4. COST
5. SOMETIMES FORGET TO USE
6. SOMETIMES DIFFICULT/INCONVENIENT TO USE
7. HUSBAND/PARTNER DISAPPROVES
8. LESS EFFECTIVE METHOD/GOT PREGNANT WHILE USING IT
9. DEEPLY UNSATISFIED WITH THE METHOD
0. OTHER _____

512. Would you prefer to use a different method of family planning from the one you are currently using?

- 1 YES
- 2 NO--->GO TO BOX 5-II

513. What method would you prefer to use?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____
11. CALENDAR
12. WITHDRAWAL
13. WITHDRAWAL AND CALENDAR
20. OTHER TRADITIONAL METHODS _____
88. DO NOT KNOW/NOT SURE

514. What is the most important reason that you do not use that method?

- 1 DOCTOR WILL NOT PRESCRIBE IT
- 2 COST
- 3 NOT AVAILABLE/UNRELIABLE SUPPLIES/DIFFICULT TO OBTAIN
- 4 TOO FAR AWAY
- 5 DO NOT KNOW HOW/WHERE TO OBTAIN IT
- 6 HUSBAND/PARTNER OBJECTS TO IT
- 7 RELIGIOUS REASONS
- 8 FEAR OF SIDE EFFECTS
- 9 HAS NOT YET MADE UP HER MIND
10. DIFFICULT TO USE
11. FEAR OF SURGICAL PROCEDURE (IUD, TL, NORPLANT)
- 20 OTHER _____
- 88 DON'T KNOW **BOX5-II**

GO TO Q521 PAGE 26

515. What is the main reason that you or your partner are not currently using a contraceptive method?

1. DOES NOT CURRENTLY HAVE A PARTNER/ NOT SEXUALLY ACTIVE IN THE LAST MONTH
2. TRYING TO GET PREGNANT
3. POSTPARTUM/ BREASTFEEDING
4. CURRENTLY PREGNANT
5. HYSTERECTOMY/MENOPAUSE----->**GO TO Q523**
6. DOCTOR SAID HER PARTNER CANNOT HAVE CHILDREN-----> **GO TO Q523**
7. SHE/COUPLE TRIED TO GET PREGNANT FOR AT LEAST 2 YEARS AND DIDN'T SUCCEED --->**Q523**
8. FEAR OF SIDE EFFECTS
9. LOVEMAKING WOULD BE INTERRUPTED
10. DIDN'T THINK ABOUT IT/ NEGLECTED
11. CANNOT AFFORD BIRTH CONTROL (COSTS TOO MUCH)
12. BIRTH CONTROL IS THE PARTNER'S RESPONSABILITY
13. BIRTH CONTROL IS NOT (VERY) EFFECTIVE
14. RESPONDENT DOES NOT WANT TO USE A METHOD
15. PARTNER OBJECTS TO USING METHOD
16. OBJECTS DUE TO RELIGIOUS REASONS
17. DOES NOT KNOW WHERE TO GET METHOD
18. DOES NOT KNOW HOW TO USE BIRTH CONTROL METHODS
19. RESPONDENT DOES NOT THINK SHE CAN GET PREGNANT
20. OTHER (SPECIFY) _____
88. DK/REF

516. Do you think that you will use a contraceptive method during the next 12 months?

1. YES -----> **GO TO Q518**
2. NO
8. NOT SURE

517. Do you think that you will use a contraceptive method any time in the future?

1. YES
2. NO -----> **GO TO Q521**
8. NOT SURE -----> **GO TO Q521**

518. What method would you want to use most?

1. THE PILL
2. IUD
3. CONDOM
4. CONDOM +SPERMICIDE
5. CONDOM +WITHDRAWAL/CALENDAR-
6. FOAM/JELLY/CREAMS/C-FILMS
7. FEMALE STERILIZATION
8. EMERGENCY HORMONAL CONTRACEPTION
9. INJECTABLES(DEPO PROVERA)
10. OTHER MODERN METHODS _____
11. CALENDAR----->**GO TO Q521**
12. WITHDRAWAL----->**GO TO Q521**
20. OTHER----->**GO TO Q521**
88. NOT SURE----->**GO TO Q521**

519. On average, how much are you willing to pay for contraception, per month?
- ___ THOUSAND LEI 850 MORE THAN 850,000 LEI
 999= NOT SURE/DON'T KNOW
520. Where would you want to get your contraceptive method?
1. GOVERNMENT FP CLINIC
 2. GENERAL PRACTITIONER OFFICE
 3. PRIVATE CLINIC
 4. HOSPITAL
 5. PHARMACY
 6. KIOSK/STORE
 7. OTHER _____
 8. DO NOT KNOW
521. During the last year, how often did you talk about contraception with your husband/ partner?
1. NEVER----->GO TO Q523
 2. ONE OR TWO TIMES
 3. THREE TIMES OR MORE
 4. RESPONDENT HAD NO PARTNER DURING THE LAST YEAR ----->GO TO Q523
522. Generally, does your husband/ partner approve or disapprove with the use of contraceptive methods?
1. APPROVE
 2. DISAPPROVE
 3. NEITHER APPROVES NOR DISAPPROVES
 8. NOT SURE/DON'T KNOW
523. Some people use condoms for reasons other than birth control, for instance because they are concerned about getting diseases that can result from sexual intercourse. Have you ever used condoms with a partner only for birth control, only to prevent diseases, or have you used them for both reasons?
1. BIRTH CONTROL ONLY----->GO TO BOX 5-III
 2. DISEASE PREVENTION ONLY---->GO TO BOX 5-III
 3. BOTH----->GO TO BOX 5-III
 4. NEVER USED CONDOM
 5. OUT OF CURIOSITY
 8. OTHER _____
524. Why have you and your partner(s) never used condoms?
1. PREVENTING PREGNANCY IS WOMAN'S RESPONSIBILITY
 2. PARTNER(S) OBJECTED TO USE CONDOMS
 3. HAVE ONLY ONE PARTNER
 4. THEY ARE ONLY FOR USE WITH PROSTITUTES
 5. THEY ARE ONLY FOR EXTRAMARITAL RELATIONS
 6. CONDOMS DIMINISH PLEASURE/SPONTANEITY
 7. CONDOMS ARE LESS EFFECTIVE IN PREVENTING PREGNANCY
 8. CONDOMS ARE TOO DIFFICULT TO USE
 9. LOVEMAKING WOULD BE INTERRUPTED
 10. CONDOM USE IS TOO MESSY
 11. COST
 12. SHE HAS NEVER THOUGHT ABOUT IT
 13. IT IS EMBARRASSING TO BUY CONDOMS
 14. PREFERS OTHER CONTRACEPTIVE METHODS
 20. OTHER _____
 88. DON'T KNOW

BOX 5-III

▶ **IF RESPONDENT HAS USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 1994, FILL IN ALL FOUR COLUMNS OF THE CONTRACEPTIVE CALENDAR**

▶ **IF NO METHOD HAS BEEN USED SINCE JANUARY 1994, FILL IN ONLY COLUMN 1 (SEE ALSO PREGNANCY HISTORY) AND COLUMN 4 (SEE ALSO MARITAL STATUS AT PAGE 3) AND WRITE "0" AT THE BEGINNING AND THE END OF THE 2ND COLUMN THEN GO TO Q554, PAGE 31**

525. CONTRACEPTIVE METHODS USED/PREGNANCY OUTCOMES/AND MARITAL STATUS CALENDAR

COLUMN 1

PREGNANCY OUTCOME

- 1. PREGNANT THAT MONTH
- 2. LIVE BIRTH
- 4. STILLBIRTH
- 6. MISCARRIAGE
- 7. INDUCED ABORTION
- 8. ECTOPIC PREGNANCY

COLUMN 2

METHOD USED

- 0. NO METHOD
- 1. PILL
- 2. IUD
- 3. CONDOM
- 4. CONDOM+SPERMICIDES
- 5. CONDOM+CAL./WITHDRAWAL
- 6. SPERMICIDES
- 7. TUBAL LIGATION
- 8. EMERGENCY HORM. CONTRACEPTION
- 9. DEPO-PROVERA
- 10. OTHER MODERN MET. _____
- 11. CALENDAR
- 12. WITHDRAWAL
- 13. WITHDRAWAL +CALENDAR
- 20. OTHER TRADITIONAL MET. _____
- 88. DO NOT REMEMBER

COLUMN 3

REASON STOPPED USING A METHOD

- 1. GOT PREGNANT WHILE USING
- 2. WANTED TO GET PREGNANT
- 3. HUSBAND OBJECTED
- 4. SIDE EFFECTS
- 5. HEALTH CONCERNS
- 6. STOPPED TO "REST THE BODY"
- 7. PHYSICIAN DECISION
- 8. SUPPLY/AVAILABILITY
- 9. DIFFICULT/INCONVENIENT TO USE
- 10. MARRIAGE/RELATIONSHIP ENDED
- 11. WANTED TO TRY OTHER METHOD
- 12. SPORADIC SEXUAL ACTIVITY
- 13. SHE NEGLECTED TO USE
- 20. OTHER _____

COLUMN 4 (MARITAL STATUS)

- 0. NOT MARRIED/NOT IN UNION
- 1. MARRIED/IN UNION

DATE	1	2	3	4		DATE	1	2	3	4
1994						1997				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				
1995						1998				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				
1996						1999				
1 Jan						1 Jan				
2 Feb						2 Feb				
3 Mar						3 Mar				
4 Apr						4 Apr				
5 May						5 May				
6 Jun						6 Jun				
7 Jul						7 Jul				
8 Aug						8 Aug				
9 Sep						9 Sep				
10 Oct						10 Oct				
11 Nov						11 Nov				
12 Dec						12 Dec				

IF SHE DID NOT USE A METHOD IN JANUARY 1994, GO TO Q527

526. You said that in January of 1994 you were using _____ (WRITE CODE # FOR THE METHOD USED IN JANUARY 1994). When did you start using that method?

A. MONTH ___

B. YEAR 19__

22. DK/REF

527. LAST CONTRACEPTIVE METHOD USED (COPY THE METHOD FROM THE CONTRACEPTIVE CALENDAR):

- | | |
|-------------------------------------|--|
| 1. THE PILL | 9. DEPO-PROVERA |
| 2. IUD | 10. OTHER MODERN METHOD |
| 3. CONDOM | 11. CALENDAR----->GO TO Q536 |
| 4. CONDOM +SPERMICIDES | 12. WITHDRAWAL ----->GO TO Q536 |
| 5. CONDOM +WITHDRAWAL/CALENDAR | 13. WITHDRAWAL+CALENDAR----->GO TO Q536 |
| 6. FOAM/JELLY/CREAMS | 20. OTHER TRADITIONAL MET.----->GO TO Q536 |
| 7. FEMALE STERILIZATION | 88. DO NOT REMEMBER ----->GO TO Q536 |
| 8. EMERGENCY HORMONAL CONTRACEPTION | |

528. The next following questions concern the last contraceptive method you have used. Where did you get that method?

- | | |
|---------------------------------|----------------------------|
| 1. DISPENSARY (URBAN OR RURAL) | 8. OPEN MARKET |
| 2. GOV . POLICLINIC | 9. STORE/DRUGSTORE |
| 3. GOV. FP. CLINIC | 10. PARTNER |
| 4. HOSPITAL/ MATERNITY/GYN WARD | 11. FRIEND |
| 5. PRIVATE CLINIC OR OFFICE | 12. RELATIVE |
| 6. SECS CLINIC | 20. OTHER (SPECIFY): _____ |
| 7. PHARMACY | 88. DON'T KNOW |

529. Do (Did) you pay for this method?

- 1 YES
 2 NO----->GO TO Q531
 3 PARTNER GETS THE METHOD----->GO TO Q531

530. How much did you pay? _____ THOUSAND LEI 850 MORE THAN 850,000 LEI
 999=NOT SURE/DON'T KNOW

531. At the time you started using the last contraceptive method, who advised you about how to use that method?

- | | |
|-------------------------------|-----------------------------------|
| 1. OB/GYN | 6. OTHER RELATIVE----->GO TO Q536 |
| 2. GENERAL PRACTITIONER | 7. FRIEND----->GO TO Q536 |
| 3. NURSE/MIDWIFE | 8. PARTNER----->GO TO Q536 |
| 4. PHARMACIST----->GO TO Q536 | 9. NOBODY----->GO TO Q536 |
| 5. MOTHER----->GO TO Q536 | 20. OTHER _____---->GO TO Q536 |

532. When you received the information concerning use of the method, did the health provider tell you about other contraceptive methods?

- 1 YES
 2 NO----->GO TO Q534

533. Did the health provider explain how effective your method is compared to other contraceptive methods?

- 1 YES
 2 NO

534. Did the health provider explain the possible side effects of your method?

- 1 YES
 2 NO

535. Overall, would you say you have been very satisfied, satisfied, somewhat satisfied, not satisfied or not at all satisfied with the family planning services you have received?

1. Very satisfied
 2. Satisfied
 3. Somewhat satisfied
 4. Not satisfied
 8. DO NOT KNOW

536. **OBSERVE THE CALENDAR AND RECORD IF RESPONDENT HAS USED PILLS OR IUD AT ANY TIME DURING THE PAST FIVE YEARS:**

1. ONLY PILLS
2. PILL AND IUD
3. ONLY IUD----->GO TO Q545
4. NEITHER PILL NOR IUD (OTHER MODERN OR TRAD. METHODS)--->GO TO BOX 5-IV, PG. 30

537. **OBSERVE THE CALENDAR AND VERIFY IN WHAT MONTH AND YEAR RESPONDENT STARTED TO TAKE PILLS MOST RECENTLY (PAST OR CURRENT USERS).** You said you most recent started taking pills in:.....

___ MONTH ___ YEAR 22. DO NOT REMEMBER

538. What brand of pills did you use most recently? (**ASK TO SEE PACKAGE, IF SHE IS CURRENTLY USING PILLS**)

- | | | | |
|--------------------|---------------------|---------------------|-----------------------|
| 1. <u>ANTEOVIN</u> | 10. MERCILON | 19. NEO-STEDIRIL | 28. <u>TRINORDIOL</u> |
| 2. CILEST | 11. MICROGYNON | 20. NON-OVLON | 29. <u>TRIOVUM</u> |
| 3. DEMULEN | 12. <u>MICROLUT</u> | 21. OVIDON | 30. <u>TRIQUILAR</u> |
| 4. DIANE-35 | 13. <u>MICRONOR</u> | 22. OVRETTE | 31. <u>TRI-REGOL</u> |
| 5. <u>EXLUTON</u> | 14. <u>MICROVAL</u> | 23. OVULEN 50 | 32. OTHER _____ |
| 6. FEMODEN | 15. MINIDRIL | 24. <u>POSTINOR</u> | 88. DO NOT KNOW |
| 7. LO-FEMENAL | 16. MINULET | 25. RIGEVIDON | |
| 8. MARVELON | 17. MYVLAR | 26. RESTOVAR | |
| 9. MICRONOR | 18. NEO-GYNON | 27. STEDIRIL | |

539. When you started taking pills, how long did your physician tell you that you could take them? (**Q539 REFERS TO THE LAST INTERVAL OF USE, INCLUDING CURRENT USE**)

- ___ YEARS
00. NEVER TALKED TO A DOCTOR ABOUT IT
 44. THREE OR MORE YEARS
 55. AS LONG AS RESPONDENT WANTED/INDEFINITELY
 66. DID NOT SAY HOW LONG
 77. OTHER (SPECIFY) _____
 88. DON'T REMEMBER

540. At any time during the last usage of pills have you had any health problems or side effects that you think are related to using pills?

- 1 YES
- 2 NO-->GO TO Q543

541. What kind of problem or side effect have you had? (**IF MORE THAN ONE PROBLEM, CIRCLE MORE THAN ONE ANSWER**)

	<u>YES</u>	<u>NO</u>
A. HEADACHES OR DIZZINESS	1	2
B. BLURRED VISION, SEEING FLASHING LIGHTS	1	2
C. WEIGHT GAIN	1	2
D. NAUSEA	1	2
E. BREAST TENDERNESS 1	2	
F. BLEEDING/SPOTTING BETWEEN MENSTRUAL PERIODS	1	2
G. MOOD CHANGES (LESS INTEREST IN SEX, DEPRESSION).....	1	2
H. OTHER (SPECIFY) _____		

551. Thinking back at the first year after you had this IUD inserted, did you have any health problems or side effects that you think are related to your IUD?

- 1 YES
- 2 NO--->GO TO BOX 5-IV

552. What kind of problem or side effect did you have? (CODE MORE THAN ONE IF NECESSARY)

	<u>YES</u>	<u>NO</u>
A. ABDOMINAL CRAMPING	1	2
B. HEAVY BLEEDING DURING MENSTRUAL PERIODS	1	2
C. SPOTTING/BLEEDING BETWEEN PERIODS	1	2
D. INFECTION/DISCHARGE/PID	1	2
E. PARTNER'S COMPLAINS ABOUT THE STRINGS	1	2
F. EXPULSION	1	2
G. OTHER (SPECIFY) _____	1	2

553. Did you see a doctor for this(ese) problem(s)?

- 1. YES
- 2. NO

BOX 5-IV

IF ANY CONTRACEPTIVE METHOD WAS USED IN THE LAST MONTH (LAST CELL IN COLUMN 2 >"0") THEN GO TO Q556; ELSE CONTINUE

554. Do you think you are physically able to get pregnant at the present time?

- 1 YES--->GO TO Q556
- 2 NO
- 3 NOT SURE
- 4 CURRENTLY PREGNANT--->GO TO Q557

555. What is the main reason why you think you cannot get pregnant?

- 1. RESPONDENT DOES NOT HAVE A PARTNER/ IS NOT SEXUALLY ACTIVE
- 2. CURRENTLY BREAST-FEEDING /POSTPARTUM
- 3. PELVIC IINFLAMMATORYDISEASE (PID)
- 4. ENDOCRINE DYSFUNCTION OR OTHER SYSTEMIC DISEASES
- 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS)----->GO TO Q601 PAGE 33
- 6. MENOPAUSE----->GO TO Q601 PAGE 33
- 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION----->GO TO Q601 PAGE 33
- 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED----->GO TO Q601 PAGE 33
- 9. HAS TRIED TO GET PREGNANT IN THE PAST 2 YEARS AND DID NOT SUCCEED--->GO TO Q601 PAGE 33
- 10. PARTNER HAD A MEDICAL OPERATION AND CANNOT HAVE CHILDREN----->GO TO Q601 PAGE 33
- 11. PARTNER IS INFERTILE----->GO TO Q601 PAGE 33
- 12. CURRENTLY USES A METHOD (GO BACK TO Q504 AND CORRECT IT)
- 20. OTHER (SPECIFY) _____
- 88. DO NOT KNOW
- 99. REFUSE TO ANSWER

556. Looking to the future, do you yourself intend to have (a/another) baby at some time?
1. WANTS A BABY --->**GO TO Q558**
 2. DOES NOT WANT A BABY --->**GO TO Q559**
 3. RESPONDENT WANTS A BABY BUT PARTNER DISAGREES ---> **GO TO Q558**
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q559**
 8. DK ---->**GO TO Q559**
557. Looking to the future, do you yourself intend to have another baby after this pregnancy?
1. WANTS A BABY --->**GO TO Q558**
 2. DOES NOT WANT A BABY --->**GO TO Q559**
 3. RESPONDENT WANT A BABY BUT PARTNER DISAGREES ---> **GO TO Q558**
 4. RESPONDENT DOES NOT WANT A BABY BUT PARTNER WANTS ---> **GO TO Q559**
 8. DK ---> **GO TO Q559**

558. When do you, yourself, actually want to get pregnant (again)...**(READ 1-5)**
1. Right away, **(DO NOT READ IF THE WOMAN IS ALREADY PREGNANT)**
 2. Within the next 12 months,
 3. In 1-2 years,
 4. In 3-5 years,
 5. or after 5 years?
 6. AFTER SHE MARRIES
 7. WHEN GOD WANTS
 8. DK

GO TO MODULE VI

559. (After having all the children you want **READ ONLY IF Q556 OR Q557=1,3, OR 8**) Do you think you would be interested in having an operation to prevent you from having any more children?
- 1 YES----->**GO TO MODULE VI**
 - 2 NO
 - 3 ALREADY STERILIZED----->**GO TO MODULE VI**
 8. NOT SURE
560. What is the most important reason you wouldn't be interested in such a procedure?
1. HEALTH RISKS/FEAR OF SIDE EFFECTS
 2. FEAR OF OPERATION
 3. DOESN'T KNOW ENOUGH ABOUT /NEVER HEARD OF STERILIZATION
 4. MIGHT WANT ANOTHER CHILD
 5. COST
 6. DOES NOT HAVE A PARTNER/NOT SEXUALLY ACTIVE
 7. AGE TOO YOUNG OR TOO OLD (APPROACHING MENOPAUSE)
 8. HAVEN'T THOUGHT ABOUT IT
 9. NOT CULTURALLY ACCEPTABLE
 10. RELIGIOUS REASONS
 11. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS
 12. CANNOT GET PREGNANT (INFERTILITY, MEDICAL REASONS)
 20. OTHER _____
 88. DON'T KNOW

VI. WOMEN'S HEALTH

Now I would like to ask you some questions about your health.

601. Have you ever had a gynecologic exam?

1. YES ---->**GO TO Q603**
2. NO
9. NR

602. What is the principle reason that you have not had a routine gynecologic exam?

1. DOES NOT NEED TO GO TO GYNECOLOGIC EXAM
2. SHE IS HEALTHY AND HAS NOT GYNECOLOGIC PROBLEMS
3. THERE IS NOT TIME TO GO FOR EXAM
4. SHE FORGETS ABOUT IT
5. SHE DOES NOT LIKE GYNECOLOGIC EXAM
6. IT IS DIFFICULT TO GET APPOINTMENT
7. DOES NOT LIKE PLACE/FACILITY
8. DOES NOT LIKE THE STAFF
9. WAITING TIME IS TOO LONG
10. DOCTOR DID NOT RECOMMEND
11. SHE IS EMBARRASSED TO HAVE GYNECOLOGIC EXAM
12. NEVER THOUGHT ABOUT IT
13. NOT SEXUALLY ACTIVE
14. NEVER HAD SEXUAL INTERCOURSE (VIRGIN)
20. OTHER _____
88. DK
99. NR

GO TO Q604

603. When was your last routine gynecologic exam (not pregnancy related) ? (**READ 1-4**)

1. Last year
2. 1-2 years ago (12-23 mth)
3. 2-3 years ago (24-35 mth)
4. 3 or more years ago
8. DK/DR

604. Have you ever had a Pap smear? (PROBE: A pap smear is a test that takes a sample of cells from the cervix, or opening to the uterus, to detect cancer)

1. YES ---->**GO TO Q606**
2. NO
8. DK
9. REF

605. What is the main reason you have never had a Pap smear?

1. NEVER HEARD OF IT
2. DOCTOR HAS NOT RECOMMENDED IT
3. SHE IS HEALTHY AND HAS NO GYNECOLOGIC PROBLEMS
4. SHE DOES NOT FEEL TEST IS NECESSARY
5. DOES NOT HAVE TIME TO GO FOR A TEST/ SHE FORGETS ABOUT IT
6. NEVER THOUGHT OF IT
7. SHE IS AFRAID OF THE RESULTS
8. SHE IS AFRAID IT COULD BE PAINFUL
9. TOO EMBARRASSED TO GET THE TEST OR A PELVIC EXAM.
10. SHE HAD NO PARTNER/ NOT SEXUALLY ACTIVE
20. OTHER (SPECIFY): _____
88. DON'T KNOW
99. REFUSE TO ANSWER

GO TO Q607

- 1 YES
- 2 NO ---> **GO TO Q625**
- 8 NOT SURE ---> **GO TO Q625**

624. Where have you been treated?

- | | |
|---|---|
| <ul style="list-style-type: none"> 1. HOSPITAL, OB/GYN WARD 2. HOSPITAL, DERMATO-VENEROLOGY 3. HOSPITAL, OTHER 4. POLYCLINIC 5. DISPENSARY | <ul style="list-style-type: none"> 6. PRIVATE CLINIC OR OFFICE 7. TREATMENT RECOMMENDED BY PHARMACIST 8. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE 9. SELF-TREATMENT 10. OTHER _____ 99. DR/REF. |
|---|---|

625. In the past 3 months, have you had a drink containing alcohol, that is a beer, a glass of wine, a cocktail, a shot of liqueur, vodka, or whiskey?

- 1. YES
- 3. NO----> **GO TO MODULE VII**
- 8. DO NOT REMEMBER/REF ---> **GO TO MODULE VII**

626. In the past 3 months, on the days that you drank alcohol, how many drinks did you usually have?

- | | |
|--------------------------|---|
| <p>_____ # OF DRINKS</p> | <ul style="list-style-type: none"> 00. NO DRINKS/ONLY FEW SIPS---> GO TO MODULE VII 88. DK-----> GO TO MODULE VII 99. REF --> GO TO MODULE VII |
|--------------------------|---|

627. How often did you drink that amount during the past 3 months? (PROBE: How many times a week, a month)

- 1. EVERYDAY
- 2. ALMOST EVERY DAY
- 3. 1-2 TIMES A WEEK
- 4. 2-3 TIMES A MONTH
- 5. ONCE A MONTH
- 6. 1-2 TIMES IN THREE MONTHS

628. In the past 3 months, have there been days when you had more than usual (# **FROM Q626**) drinks?

- 1. YES
- 2. NO ---> **GO TO MODULE VII**
- 8. DK ---> **GO TO MODULE VII**
- 9. REF --> **GO TO MODULE VII**

629. In the past 3 months, how many drinks did you have on the days that you drank more than usual (# **FROM Q626**)? (CHECK IF # **FROM Q629**># **FROM Q626**)

- | | |
|--------------------------|---|
| <p>_____ # OF DRINKS</p> | <ul style="list-style-type: none"> 88. DK --> GO TO MODULE VII 99. REF --> GO TO MODULE VII |
|--------------------------|---|

630. How often did you drink that amount?

- 1. EVERYDAY
- 2. ALMOST EVERY DAY
- 3. 1-2 TIMES A WEEK
- 4. 2-3 TIMES A MONTH
- 5. ONCE A MONTH
- 6. 1-2 TIMES IN THREE MONTHS

VII REPRODUCTIVE HEALTH KNOWLEDGE/ATTITUDES

700. What do you think is the ideal number of children for a young family in Romania?

- | | |
|-----------------|-------------------------|
| 0. 0 CHILDREN | 6. 3-4 CHILDREN |
| 1. 1 CHILD | 7. 4 CHILDREN |
| 2. 1-2 CHILDREN | 8. 5 OR MORE |
| 3. 2 CHILDREN | 9. AS MANY AS GOD GIVES |
| 4. 2-3 CHILDREN | 77. AS MANY AS POSSIBLE |
| 5. 3 CHILDREN | 88. DON'T KNOW |

701. When is it most likely for a woman to become pregnant (**READ 1-5**)?

- 1 Just before menstruation starts
- 2 During menstruation
- 3 Right after menstruation ends
- 4 Halfway between her periods
- 5 It doesn't matter, all times alike
- 7 OTHER (SPECIFY) _____
- 8 DON'T KNOW

702. Do you think that breastfeeding increases, decreases or has no effect on a woman's risk to get pregnant?

1. INCREASES THE RISK
2. DECREASES THE RISK
3. HAS NO EFFECT
8. DO NOT KNOW

703. Do you think that a woman always has the right to decide about her pregnancy, including whether or not to have an abortion?

- 1 YES--->**GO TO Q705**
- 2 NO

704. Under which of the following conditions is it all right for a woman to have an abortion (**READ A-F**)?

	<u>YES</u>	<u>NO</u>	<u>DEP.</u>	<u>DK</u>
A. Her life is endangered by the pregnancy	1	2	3	8
B. The fetus has a physical deformity	1	2	3	8
C. The pregnancy has resulted from rape	1	2	3	8
D. Her health is endangered by the pregnancy	1	2	3	8
E. She is unmarried	1	2	3	8
F. The couple cannot afford to have a child	1	2	3	8

705. If a woman had an unwanted pregnancy what should she do? (**READ 1-3**):

- 1 Have the baby and keep it
- 2 Have the baby and give it up for adoption
- 3 Have an abortion
- 8 DON'T KNOW

706. I would like to know if you are in agreement with the following statements (**READ A-J**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. A woman can become pregnant the first time she has sexual intercourse.....	1	2	8
B. All people should get married	1	2	8
H. A woman must have the children that GOD gives her.....	1	2	8
I. Child care is a woman job	1	2	8
J. A woman should be a virgin when she marries.....	1	2	8

707. Who do you think should decide how many children a couple should have (**READ 1-3**)?

1. The woman,
2. The man, or
3. Both ?
- 8 DONT KNOW

708. How would you rank each of the following birth control methods (**SHOW LIST B**) with regard to their risk of developing health problems; please tell me if the risk is low, medium, or high:

	LOW	MEDIUM	HIGH	
1. PILL	1	2	3	8
2. IUD	1	2	3	8
3. CONDOM	1	2	3	8
4. TUBAL LIGATION	1	2	3	8
5. INJECTABLES (EX. DEPO-PROVERA).....	1	2	3	8
6. EMERGENCY HORMONAL CONTRACEPTION	1	2	3	8
7. ABORTION ON REQUEST	1	2	3	8

BOX 7-I

IF Q400_A=2 (NEVER HEARD OF PILLS), GO TO BOX 7-II BELOW

710. Please tell me if you agree or disagree with the following statements about birth control pills (**READ A-J**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Pills are easy to use.....	1	2	8
B. Pills are easy to get	1	2	8
C. Pills are too expensive	1	2	8
D. It is stressful to remember to take the pill every day	1	2	8
E. Pills allow spontaneity of sexual intercourse	1	2	8
F. Pills protect against some gynecologic cancers.....	1	2	8
G. Pills may make you gain weight.....	1	2	8
H. Pills make women's periods more regular	1	2	8
I. Pills decrease blood loss during menstruation.....	1	2	8
J. Pills decrease menstrual cramps and pain	1	2	8
K. Pills are bad for blood circulation.....	1	2	8

BOX 7-II

IF Q400_B=2 (NEVER HEARD ABOUT IUD), GO TO BOX 7-III

711. Please tell me if you agree or disagree with the following statements about IUDs (**READ A-H**):

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. IUD is easy to use.....	1	2	8
B. IUD increases sexual enjoyment because removes worries about pregnancy.....	1	2	8
C. IUD increases the risk of pelvic inflammatory disease	1	2	8
D. IUD is a relatively inexpensive contraceptive method	1	2	8
E. IUD may cause spotting between periods	1	2	8
F. IUD may increase the blood loss during menses.....	1	2	8
G. IUD increases menstrual pains	1	2	8
H. IUD decreases the risk of ectopic pregnancy.....	1	2	8

BOX 7-III

IF Q400_H=2 (NEVER HEARD ABOUT EMERGENCY HORMONAL CONTRACEPTION), GO TO Q715

712. As far as you know, is there anything that a woman can do to prevent pregnancy in the next few days after unprotected sexual intercourse?

1. YES, THERE IS SOMETHING
2. NO, THERE IS NOT ANYTHING----->**GO TO Q714**
3. NOT SURE ----->**GO TO Q714**

713. What can she do to prevent pregnancy?

1. TAKE COMBINED PILLS OR "MORNING AFTER PILL"
2. TAKE POSTINOR
3. HAVE AN IUD INSERTED (WITHIN 5 DAYS)
7. OTHER _____
8. DK/NOT SURE

714. You mentioned earlier that you have heard of emergency hormonal contraception, also known as "morning after pills". How soon after sexual intercourse should "morning after pills" be taken (**READ 1 TO 5**):

1. rightaway,
2. within 12 hours,
3. within 24 hours,
4. within 3 days, or
5. within a week?
8. DO NOT KNOW

715. Do you want to have more information about contraceptive methods?

1. YES
2. NO -----> **GO TO BOX 7-IV**
8. DON'T KNOW ---> **GO TO BOX 7-IV**

716. Who do you think would be the best source of information about contraceptive methods?

- | | |
|------------------------------------|--------------------------------------|
| 1. MOTHER | 10. NURSE, MIDWIFE |
| 2. OTHER RELATIVE | 11. TEACHER |
| 3. BOYFRIEND | 12. PHARMACIST |
| 4. HUSBAND, PARTNER | 13. BOOKS |
| 5. SOMEBODY WHO USES CONTRACEPTION | 14. NEWSPAPERS, MAGAZINES, BROCHURES |
| 6. CO-WORKER | 15. RADIO |
| 7. FRIEND, COLLEAGUE, PEER | 16. TV |
| 8. GYNECOLOGIST | 20. OTHER (SPECIFY): _____ |
| 9. GENERAL PRACTITIONER | 88. DON'T REMEMBER |

BOX 7-IV

IF RESPONDENT IS 15-24 YEARS OF AGE CONTINUE; IF SHE IS 25-44 YEARS GO TO SECTION VIII

717. Some people use condoms to keep from getting sexual transmitted diseases. How effective do you think a properly used condom is for this purpose? **(READ 1-4)**
1. Very effective
 2. Efective
 3. Somewhat effective
 4. Not at all effective
 8. DON'T KNOW

723. Have you ever talked to a partner about him using a condom?
1. YES
 2. NO
 3. NEVER HAD A SEXUAL PARTNER--> **GO TO Q727**
 8. DON'T REMEMBER

725. Have you ever asked a partner to use a condom?
1. YES
 2. NO --> **GO TO Q727**
 8. DON'T REMEMBER --> **GO TO Q727**

726. Has any of the following ever happened because you asked a partner to wear a condom.....**(READ A-F)**
(ANY OF THESE INCIDENTS COULD HAVE HAPPENED MORE THAN ONCE, WITH THE SAME PARTNER OR DIFFERENT PARTNERS)

	<u>YES</u>	<u>NO</u>	<u>DK</u>	<u>REF</u>
A. Did a partner refuse to wear a condom?.....1	2	8	9	
B. Did a partner refuse to have sexual intercourse with you?.....1	2	8	9	
C. Did a partner threaten to break up with you? 1	2	8	9	
D. Did a partner yell at you or threaten to hurt you? 1	2	8	9	
E. Did a partner make you have sex anyway without a condom?.....1	2	8	9	
F. Did a partner physically hurt you?.....1	2	8	9	

727. If your partner/husband would want to use a condom when having sex with you, would you feel:
(READ A-G)

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Embarrassed?.....1		2	8
B. Angry?1		2	8
C. Safe from getting pregnant?.....1		2	8
D. Safe from getting HIV?1		2	8
E. Like you had done something wrong?1		2	8
F. Safe from getting STD?.....1		2	8
G. Suspicious that he may sleep around?1		2	8

728. Please indicate whether you agree or disagree with the following statements about condoms:

	<u>AGREE</u>	<u>DISAGREE</u>	<u>DK</u>
A. Using condoms with a new partner is a smart idea1		2	8
B. Using condoms is not necessary if you know your partner.....1		2	8
C. Women should ask their partners to use condoms1		2	8
D. It is easy to discuss using a condom with a prospective partner.....1		2	8
E. Condoms diminish sexual enjoyment.....1		2	8
F. Same condoms can be used more than once.....1		2	8
G. People who use condoms sleep around a lot.....1		2	8
H. It is embarrassing to ask for condoms in FP clinics or pharmacies1		2	8

VIII. SOCIOECONOMIC CHARACTERISTICS

800. Please tell me whether this household or any member of it has the following items: **(READ A-H):**

	<u>YES</u>	<u>NO</u>
A. Flush Toilet	1	2
B. Central heating	1	2
C. Refrigerator	1	2
D. TV	1	2
E. Automobile	1	2
F. VCR	1	2
G. Household phone	1	2
H. Cellular phone	1	2
I. Vacation home (villa)	1	2
J. Vegetable garden/orchid/vineyard	1	2

801. How many rooms does this house/flat have (not including bathrooms and kitchen): _____ ROOMS

802. How many hours per day do you have electricity? _____ HOURS

804. What is your ethnic background?

1. ROMANIAN
2. HUNGARIAN
3. GYPSY (ROMA)
4. GERMAN
5. MIXED ETHNICITY (SPECIFY) _____
7. OTHER (SPECIFY): _____
9. REFUSED/NOT STATED

805. INTERVIEWER OBSERVATION ABOUT RESPONDENT'S ROMA ETHNIC BACKGROUND:

- 1. PROBABLY YES**
- 2. PROBABLY NO**
- 8. DK/CANNOT TELL**

806. What language does your family speak at home?

1. ROMANIAN
2. HUNGARIAN
3. GYPSY (ROMA)
4. GERMAN
7. OTHER (SPECIFY): _____

807. What is your religion?

- | | |
|--------------------|----------------------------------|
| 1. ORTHODOX | 7. PENTECOSTAL |
| 2. ROMANO-CATHOLIC | 8. ADVENTIST |
| 3. GRECO-CATOLIC | 9. JEWISH |
| 4. BAPTIST | 20. OTHER (SPECIFY): _____ |
| 5. LUTHERAN | 77. NO RELIGION _____>GO TO Q900 |
| 6. EVANGELICAL | 99. UNDECLARED—>GO TO Q900 |

808. About how often do you usually attend religious services? **(READ 1-5)**

- 1 At least once a week
- 2 At least once a month, but less than once a week
- 3 Less than once a month
- 4 Only on holidays
- 5 Never

IX-A. AIDS/STDs

The next set of questions are about sexually transmitted diseases and AIDS. For each of the following conditions please tell me if:

CONDITION	900. Have you ever heard of it?	901. Have you ever been tested for...?	902. Have you ever been told that you have...?	903. Did you take any treatment for...?	904. Where did you get treatment for ...? (SEE CODES BELOW)
A. Syphilis	1. YES 2. NO--> B	1. YES 2. NO--> B 8. DK--> B	1. YES 2. NO--> B 8. DK/DR--> B	1. YES 2. NO--> B 8. DK/DR--> B	_____
B. Gonorrhea	1. YES 2. NO--> C	1. YES 2. NO--> C 8. DK--> C	1. YES 2. NO--> C 8. DK/DR--> C	1. YES 2. NO--> C 8. DK/DR--> C	_____
C. Chlamydia	1. YES 2. NO--> D	1. YES 2. NO--> D 8. DK--> D	1. YES 2. NO--> D 8. DK/DR--> D	1. YES 2. NO--> D 8. DK/DR--> D	_____
D. Yeast Infection	1. YES 2. NO--> E	1. YES 2. NO--> E 8. DK--> E	1. YES 2. NO--> E 8. DK/DR--> E	1. YES 2. NO--> E 8. DK/DR--> E	_____
E. Genital Herpes	1. YES 2. NO--> F	1. YES 2. NO--> F 8. DK--> F	1. YES 2. NO--> F 8. DK/DR--> F	1. YES 2. NO--> F 8. DK/DR--> F	_____
F. Genital Warts	1. YES 2. NO--> G	1. YES 2. NO--> G 8. DK--> G	1. YES 2. NO--> G 8. DK/DR--> G	1. YES 2. NO--> G 8. DK/DR--> G	_____
G. Trichomoniasis	1. YES 2. NO--> H	1. YES 2. NO--> H 8. DK--> H	1. YES 2. NO--> H 8. DK/DR--> H	1. YES 2. NO--> H 8. DK/DR--> H	_____
H. HIV/AIDS	1. YES 2. NO	1. YES-> Q905 2. NO-> Q905 8. DK-> Q905			

CODES FOR Q904:

1. HOSPITAL, OB/GYN WARD
2. HOSPITAL, DERMATO-VENEROLOGY
3. HOSPITAL, OTHER
4. POLYCLINIC
5. DISPENSARY
6. PRIVATE CLINIC OR OFFICE
7. TREATMENT RECOMMENDED BY PHARMACIST
8. TREATMENT RECOMMENDED BY A FRIEND/RELATIVE
9. SELF-TREATMENT
10. OTHER _____
99. DR/REF.

905. In general, what has been your most important source of information about STDs including AIDS? (Where or from whom have you learned the most about STDs?)

- | | |
|-----------------------------|--------------------------------------|
| 1. MOTHER | 11. FAMILY DOCTOR |
| 2. FATHER | 12. NURSE, MIDWIFE |
| 3. OTHER RELATIVE | 13. TEACHER |
| 4. BOYFRIEND (GIRLFRIEND) | 14. PHARMACIST |
| 5. HUSBAND, PARTNER | 15. SPECIALITY BOOKS |
| 6. SOMEBODY WHO HAD STDs | 16. NEWSPAPERS, MAGAZINES, BROCHURES |
| 7. FRIENDS COLLEGUES, PEERS | 17. RADIO |
| 8. FAMILY PLANNING OFFICE | 18. TV |
| 9. DOCTOR, DERMATOLOGY | 20. OTHER (SPECIFY): _____ |
| 10. DOCTOR, GYNECOLOGY | 77. NO INFORMATION ON STDS |
| | 99. REF/NO NOT REMEMBER |

906. In the past 6 months, have you seen or heard any public announcements or ads about AIDS on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

906A. In the past 6 months, have you seen or heard any public announcements or ads about OTHER STDs on television or radio?

1. YES, ON TV
2. YES, ON RADIO
3. YES, ON BOTH
4. NO
8. DK/DR

IF Q900_H =2 (NEVER HEARD OF HIV/AIDS) GO TO Q914; ELSE CONTINUE

908. Do you think that a person can be infected with the HIV virus but have no symptoms of disease?

1. YES
2. NO
8. DK

909. Please tell me whether you think that the AIDS virus can be transmitted in the following ways? (**READ A-L**)

	<u>YES</u>	<u>NO</u>	<u>DK</u>
A. By receiving a blood transfusion	1	2	8
B. Using public toilets	1	2	8
C. Through Kissing on mouth	1	2	8
D. Through sexual intercourse between a man and a woman.....	1	2	8
E. Through sexual intercourse between men	1	2	8
F. By Shaking hands	1	2	8
G. By Donating blood	1	2	8
H. Using non-sterile syringes or needles	1	2	8
I. Through mosquito bites.....	1	2	8
J. Sharing plates, forks, or glasses with someone who has HIV/AIDS ...	1	2	8
K. From a pregnant woman who has the AIDS virus to her baby	1	2	8
L. Getting a manicure, pedicure or haircut	1	2	8
M. Having dental treatment.....	1	2	8

910. Do you think the following persons generally have no risk, a low risk, or a high risk of getting AIDS?

	<u>NO RISK</u>	<u>LOW RISK</u>	<u>HIGH RISK</u>	<u>DEPENDS</u>	<u>DK</u>
A. Married women.....	1	2	3	4	8
B. Married men.....	1	2	3	4	8
C. Men who have sex with men.....	1	2	3	4	8
D. Prostitutes.....	1	2	3	4	8
E. Intravenous drug users.....	1	2	3	4	8
F. Unmarried sexually active women.....	1	2	3	4	8
G. Unmarried sexually active men.....	1	2	3	4	8

911. What can a person do to reduce the risk of getting AIDS?

	<u>SPONTANEOUS</u>		<u>PROBED</u>		<u>DK</u>
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	
A. USE CONDOMS	1	2	3	4	8
B. AVOID RELATIONS WITH PROSTITUTES.....	1	2	3	4	8
C. AVOID INJECTIONS	1	2	3	4	8
D. HAVE ONLY ONE SEXUAL PARTNER.....	1	2	3	4	8
E. ASK PARTNER TO HAVE BLOOD TESTED FOR AIDS.....	1	2	3	4	8
F. DO NOT HAVE CASUAL SEXUAL RELATIONS.....	1	2	3	4	8
G. STERILIZE NEEDLES	1	2	3	4	8
H. AVOID RELATIONS WITH BISEXUALS.....	1	2	3	4	8
I. OTHER.....	1	2	3	4	8

912. How much of a risk do you think you personally have of getting HIV/AIDS? Would you say you are at:

- 1 Great risk,
- 2. Moderate Risk,
- 3. Little risk, or
- 4. No risk at all ----->GO TO Q913A
- 8 DON'T KNOW----->GO TO Q913B

913. Why do you think you have any risk of getting AIDS?

- 1. HAVE RECEIVED MANY BLOOD TRANSFUSIONS
- 2. HEMOPHILIA
- 3. MANY SEXUAL PARTNERS, TRADE SEX FOR MONEY
- 4. HAS HAD SEX WITH A MAN WHO HAD ALSO HAD A MALE PARTNER
- 5. USED IV DRUGS
- 6. PROFESSIONAL HAZARD (NURSE, SURGEON, DENTIST)
- 7. OTHER.....
- 9. DK/REF

GO TO Q913B

913A Why do you think you have no risk of getting AIDS?

- 1. MONOGAMOUS RELATIONSHIP
- 2. NOT SEXUALLY ACTIVE
- 3. USES CONDOMS
- 4. TRUSTS HER PARTNER
- 7. OTHER.....
- 9. DK/REF

913B How about your risk of getting other STDs. Would you say you are at:

- 1 Great risk,
- 2. Moderate Risk,
- 3. Little risk, or
- 4. No risk at all
- 8 DON'T KNOW

IX-B VIOLENCE

914. Thinking back to your childhood and adolescence, did you ever see or hear your parents or step-parents physically abuse each other?

- 1 YES
- 2 NO
- 3 DID NOT LIVE WITH 2 PARENTS----->GO TO Q916
- 8 DR/REF

915. As a child, have you ever being beaten or physically mistreated in any way by anyone in your family?

- 1 YES
- 2 NO
- 8 DR/REF

916. **THE INTERVIEWER SHOULD GO BACK TO PAGE 2 AND RECORD HOW MANY PARTNERS HUSBANDS THIS WOMAN HAS EVER LIVED WITH (SEE Q108):**

___ PARTNERS -----> IF "00" GO TO Q928

The next set of questions is about violence and physical abuse that may have happened between you and a partner or ex-partner. When we say a partner we mean a husband, ex-husband, as well as any other man you have been living with as husband and wife.

918. Please tell me if any of your partners or ex-partners ever (READ A-H):		919. When was the last time when (A-H) happened to you?	920. During the last year, how many times did (A-H) happen to you?
A. Insulted you, or swore at you?	1. YES---> Q919 2. NO----> Q918_B 8. DK----> Q918_B 9. REF---> Q918_B	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_B 3. 4-5 YEARS AGO-----> Q918_B 4. 5 YEARS AGO OR MORE-->Q918_B	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
B. Threatened to hurt you or someone you care about?	1. YES---> Q919 2. NO----> Q918_C 8. DK----> Q918_C 9. REF---> Q918_C	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_C 3. 4-5 YEARS AGO-----> Q918_C 4. 5 YEARS AGO OR MORE-->Q918_C	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
C. Pushed you, shaken you, shove you, or threw something at you?	1. YES---> Q919 2. NO----> Q918_D 8. DK----> Q918_D 9. REF---> Q918_D	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_D 3. 4-5 YEARS AGO-----> Q918_D 4. 5 YEARS AGO OR MORE-->Q918_D	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
D. Slapped you or twisted your arm?	1. YES---> Q919 2. NO----> Q918_E 8. DK----> Q918_E 9. REF---> Q918_E	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_E 3. 4-5 YEARS AGO-----> Q918_E 4. 5 YEARS AGO OR MORE-->Q918_E	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
E. Hit you with his fist or with something else?	1. YES---> Q919 2. NO----> Q918_F 8. DK----> Q918_F 9. REF---> Q918_F	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_F 3. 4-5 YEARS AGO-----> Q918_F 4. 5 YEARS AGO OR MORE-->Q918_F	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
F. Threatened you with a knife or other weapon?	1. YES---> Q919 2. NO----> Q918_G 8. DK----> Q918_G 9. REF---> Q918_G	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_G 3. 4-5 YEARS AGO-----> Q918_G 4. 5 YEARS AGO OR MORE-->Q918_G	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
G. Kicked you, choke you or beat you up?	1. YES---> Q919 2. NO----> Q918_H 8. DK----> Q918_H 9. REF---> Q918_H	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO-----> Q918_H 3. 4-5 YEARS AGO-----> Q918_H 4. 5 YEARS AGO OR MORE-->Q918_H	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES
H. Physically forced you to have sexual relations even though you did not want to?	1. YES---> Q919 2. NO---->BOX 9-I 8. DK---->BOX 9-I 9. REF--->BOX 9-I	1. WITHIN THE LAST YEAR-->Q920 2. 1-3 YEARS AGO----->BOX 9-I 3. 4-5 YEARS AGO----->BOX 9-I 4. 5 YEARS AGO OR MORE-->BOX 9-I	66. ALMOST DAILY __ __ TIMES 77. WEEKLY 88. NOT REMEMBER 99. REFUSES

BOX 9-I

IF ALL Q918_A--Q918_H >1 THEN GO TO Q928; ELSE IF Q916=1 THEN GO TO BOX 9-II; ELSE CONTINUE

921. You told me before that you lived with ____ partners (RECORD THE NUMBER OF PARTNERS FROM Q916). Which of these partners has physically abused you as you have just mentioned? MARK THE PARTNER(S) NUMBER FROM THE UNION TABLE AT PAGE 2 (ALLOW FOR MULTIPLE RESPONSES):

- I. ____
- II. ____
- III. ____
- IV. ____

BOX 9-II

▶ IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE DURING THE LAST YEAR (ANY Q919_C--Q919_H=1), CONTINUE;
 ▶ IF ANY OF THE INCIDENTS OF PHYSICAL VIOLENCE TOOK PLACE MORE THAN ONE YEAR AGO (ANY Q919_C--Q919_H>1) GO TO Q925;
 ▶ IF R. SUFFERED ONLY VERBAL VIOLENCE (Q918_C--Q918_H>1) THEN GO TO Q928

922. In the past 12 months, did you have any swelling, bruises, cuts, or other physical injuries as a result of this/these incident(s)?

- 1. YES
- 2. NO----->GO TO Q925
- 8. DON'T REMEMBER ----->GO TO Q925

923. Did you see a doctor, or other medical care provider for medical treatment of these injuries?

- 1. YES
- 2. NO----->GO TO Q925
- 8. DON'T REMEMBER ----->GO TO Q925

924. Did this(these) injury(ies) require hospitalization?

- 1. YES
- 2. NO
- 8. DON'T REMEMBER

925. Did you talk about this(these) incidents with (READ A-F)?

	<u>YES</u>	<u>NO</u>
A. A Family member	1	2
B. A Friend	1	2
C. A Doctor/Medical Personnel	1	2
D. Police	1	2
E. Legal Adviser	1	2
F. Other (Specify) _____	1	2

IF Q925_C, Q925_D, OR Q925_E=1 CONTINUE; ELSE GO TO Q927

926. What is the main reason you have never sought any legal or medical help?

- 1. DID NOT KNOW WHERE TO SEEK HELP
- 2. NO USE/WOULD NOT DO ANY GOOD
- 3. EMBARRASSED
- 4. AFRAID OF MORE BEATINGS/BEING PUNISHED
- 5. AFRAID OF DIVORCE/END OF RELATIONSHIP
- 6. AFRAID OF LOSING THE CHILDREN
- 7. THOUGHT WOULD NOT BE TAKEN SERIOUSLY/NOT BELIEVED/LAUGHED AT
- 8. VIOLENCE IS NORMAL/NO NEED TO COMPLAIN
- 9. THOUGHT SHE WOULD BE BLAMED
- 10. BRING BAD NAME TO FAMILY
- 20. OTHER
- 88. DK/REF

927. Could you tell me a little more about what usually happens when your partner is/was violent. Are there any particular situations that make him violent? **(CIRCLE ALL THAT APPLY)**

NOTE: IF SHE REPORTED MORE THAN ONE PARTNER THIS QUESTION REFERS TO THE LAST PARTNER WHO USED VIOLENCE

- A. WHEN DRUNK
- B. WHEN HE CANNOT BUY (MORE) ALCOHOL
- B. WHEN THE FAMILY HAS MONEY TROUBLES
- C. WHEN HE HAS DIFFICULTIES AT WORK
- D. WHEN HE IS UNEMPLOYED
- E. FAMILY PROBLEMS
- F. JEALOUSY
- G. WHEN SHE IS PREGNANT
- H. WHEN HE CANNOT GET ALCOHOL
- I. WHEN THEY DO NOT HAVE FOOD AT HOME
- J. OTHER _____

928. At any time in your life, have you ever been forced by a man to have sexual intercourse against your will? (For this question, sexual intercourse includes vaginal, anal or oral penetration)

- 1. YES
- 2. NO----->**END OF INTERVIEW, GO TO Q 931**
- 8. DON'T REMEMBER--->**END OF INTERVIEW, GO TO Q 931**

929. How old were you the first time you were forced by a man to have sexual intercourse against your will?

___ AGE 88. DON'T REMEMBER

930. At that time, what was your relationship with the person(s) who forced you to have sexual intercourse?

- 1. STRANGER
- 2. ACQUAINTANCE
- 3. FRIEND
- 4. DATE
- 5. BOYFRIEND
- 6. HUSBAND OR PARTNER
- 7. EX-HUSBAND OR EX-PARTNER
- 8. FATHER OR STEP-FATHER
- 9. OTHER RELATIVE (SPECIFY _____)
- 20. OTHER (SPECIFY _____)
- 88. DON'T REMEMBER
- 99. REF

END OF INTERVIEW

931. **TIME INTERVIEW ENDED** ___ : ___