REPRODUCTIVE HEALTH PROBLEMS IN REPUBLIC OF MONTENEGRO: SURVEY RESEARCH RESULTS

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The available information on the reproductive health state of the Montenegrin population is sparse. There are no reliable indicators on a series of important elements which are related to the reproductive system and its functions and processes. An institutional system of acquiring data on contraception application does not exist, and the only representative research which included contraception behaviour had been carried out in 1976. From 1990 it was not even possible to keep track of the number of induced abortions. Although it is a legal obligation to register every fetal death, the registered number of induced abortions is, as it seems, underestimated. According to the last data, which refer to 1997, the number of induced abortions decreased radically in relation to 1989, the last year of reliable registration (3,574 in relation to 7,905). The radical change is not realistic having in mind that total fertility rate declined by about 10% from the 1990, various problems regarding contraception accessibility, shortage of any modern contraceptive promotion program, the number of private gynecology clinics, and the long duration of abortion phenomenon. Thus it may be assumed that a trend of a slight rise in the number of induced abortions which had been registered since 1969, the year of full liberalization of abortions, up to 1989 (Rašević, 2002) has been continued. The determination of the degree to which sexually transmitted infections are widely distributed is impeded by the absence of defined protocol research, the registration and treatment of infected persons as well as their partners. The question of the extent of primary and secondary infertility is, on the other hand, open. The knowledge and attitudes of women relevant for reproductive health are not researched even within the scope of partial research.

Survey design

The verification of the basic problems of the reproductive health problems of the Montenegrin population and the search for answers to a number of open questions regarding this sphere were one of the basic research goals whose results we will present. The research was carried out in May of 2001 and included 1000 women aged between 20 and 39 which represent 1.03% of the total population of women of that age in the Republic of Montenegro in 2001 according to population projection results of the Federal Statistic Bureau (Demographic statistics, 1999). Having in mind the necessity for the research to satisfy the representative requirements for the number as well as the territorial distribution of the respondents, women in nine Montenegrin districts were surveyed. 53.7% of the female respondents were from the city, 26.5% from suburban areas and 19.8% from the village.

The survey with the chosen women was carried out by nurses of primary health care from local territories on the basis of questionnaires. They were chosen as interviewers for many reasons. The basic reason being that nurses, by the nature of their job and experience, have less problems in overcoming difficulties which arise during interviews on such sensitive questions and can ask questions which go into the intimacy of every woman in routine manner.

The majority of samples, territorial and settlement distribution of the female respondents and the distribution comparison of surveyed women according to basic demographic and social characteristics such as age, marital status, education, profession, nationality, religion and the number of born children with structural characteristics of the total population of women, indicate that a representative type research had been carried out. In that sense, the content processing of data acquired in the survey can have not only an explorative, but synthetic character as well. Even more so when the evaluation of the interviewers regarding the reliability of obtained data is taken into consideration. Namely, almost all interviews (938) were carried out without the presence of a third person, husband, mother-in-law, friend, who could in any way influence the opinions of the respondents. It is also an important data that the nurses believe that as many as 95.0% of the women answered sincerely. Consistently in only 42 interviews the atmosphere was evaluated as tense and in a small number of cases (32) the respondent cooperated poorly during the interview, according to the interviewers.

Main results and discussion

Slow transition of birth control methods and means was isolated as the main problem of the Montenegrin population reproductive health according to the carried out results. Namely, all known birth control methods are used today in Montenegro, from induced abortion to mechanical, and chemical, efficient and less efficient, classic and contemporary. However, the structure of birth control methods which are applied are not satisfactory. It is dominated by reliance on low efficient traditional means and methods and consequently induced abortion is resorted to when pregnancy is unwanted or cannot be accepted.

Contraceptive practice

Traditional means and methods, above all *coitus interruptus,* are the contraception with which many women begin their protection in their fertile period and which they use the most in this period. Thus, the data regarding conception prevention during the first sexual intercourse indicate that somewhat more than half of the respondents (58.0%) did not use contraception. The majority among them (74.3%) however, because they wanted the pregnancy, but every fourth surveyed woman (25.7%) did not even try to prevent conception out of reasons we did not go into. Contrary to this, 42.0% of surveyed women had protected first sexual intercourse. However, most of the respondents did not use effective contraceptive methods. Namely every other one (50.1%) relied on *coitus interruptus*, 6.8% on rhythm method, and one surveyed woman used chemical local contraceptive means. More than one third of the surveyed women was protected during their first intercourse in an adequate way by the contraceptive pill (9.9%) or condom (32.9%).

In addition, from the pregnancy history analysis it follows that the structure of the used contraceptive methods and means immediately before conception does not change significantly, although with the increase in the number of pregnancies, the share of the number of attempts to prevent conception also increases. Therefore, the share of prevented first pregnancies amounts to 6.3, second 7.6, third 14.1, fourth 21.2, fifth 25.0 and sixth 34.0. That is the maximum share of attempts for pregnancies to be prevented. The corresponding shares in the seventh and eighth pregnancies amount to 25.0 and 33.3. Taking into consideration the small total number of seventh and eight pregnancies (17 namely 6), the results regarding the history of the seventh and eighth pregnancies have, above all, an illustrative character.

Nonetheless, regardless of whether an attempt to prevent the first pregnancy, second, third, or higher order pregnancy is in question, reliance on *coitus interruptus* absolutely dominates. Thus the share of pregnancies which were prevented by relying only on coitus interruptus or on *coitus*

interruptus in combination with rhythm method or spermicides amounts to 55.5 in the first pregnancy, 48.8 in the second, 61.2 in the third, 70.8 in the fourth, 76.0 in the fifth, 76.5 in the sixth, 75.0 in the seventh, and 100.0 in the eighth pregnancy.

Pregnancy histories indicate that the rhythm method is the second used method, far behind coitus interruptus, for preventing conception immediately before pregnancy. The maximum reliance share on this method is associated with the prevention of the first, second and third pregnancy and amounts between 20.0 and 22.4%. With the increase in the number of pregnancies, the reliance rate on this method clearly decreases. For example, 5.9% of sixth pregnancies were prevented by relying on the rhythm method.

There have been attempts for usage of efficient contraception before conception as well. From the total number of prevented pregnancies, every tenth (10.2%) occurred despite the fact that the woman used contraceptive pills or IUD in the period preceding conception. This result does not seem realistic having in mind that these are very efficient contraceptive means. Therefore, a part of these pregnancies probably occurred due to irregular usage of contraceptive pills, namely immediately after removing IUD.

Apart from prevention regarding the first sexual intercourse and immediately before each conception, it was taken into consideration whether the surveyed woman or her partner had used contraception at the time of the survey. The results showed that almost half of the female respondents (46.0%) did not prevent conception during the survey. Among them, over 60% did not rely on contraception out of objective reasons. Most often because she wanted the pregnancy or was pregnant at the time the survey was conducted. Another reason was because she or her partner could not have children or because at that time the surveyed woman did not have sexual relations. However, more than a third of the women (38.6%) did not use contraception out of some other reasons. Deeper insight into the determination of the reasons which are not objective, was not requested.

It should be especially emphasized that this result, as well as the fact that the percentage of women who had not used contraception at the time the survey was taken, out of non-objective reasons, are greater in relation to the share of female respondents who did not even try to prevent conception during the first sexual intercourse, even though they did not want the pregnancy (38.6 and 25.7%). However, this percentage is significantly lower than the percentage of married women who did not use contraception, although they had a need to control fertility (77.7%) 1976 (Sentić, 1976-1977).

On the other side, more than half of the female respondents (54.0%) had prevented conception at the time the survey was taken. As regards the contraception structure, *coitus interruptus* dominates. Almost every third surveyed woman (31.1%) relied on this inefficient, traditional method. Additionally, 14.0% of the women relied on *coitus interruptus* in some combination. In most cases with the rhythm method, another of the traditional, low efficient, birth controls. Furthermore, every twelfth woman (8.5%) prevented conception by taking care to have sexual relations in her non-fertile days. Local chemical contraceptive means were used very rarely or in combination (1.6%). As regards efficient contraception, though, the largest number of women relied on intra-uterine devices. 22.4% of surveyed women prevented conception in this way. The contraceptive pill was used much less. Only 6.3% of the respondents used the pill. 15.8% of women relied on the condom. The diaphragm was, convincingly, used the least (0.4%).

In relation to the results of the survey research from 1976, when 6.7% of married women who used the contraceptive pill or IUD as contraception, a clear shift towards usage of efficient contraception had been determined, although not as much as expected, having in mind not only 25 years that have gone by, but the fact that this period is characterized by intensive technological development in the sphere of contraception, a clear drop of population fertility and undoubtedly the process of women emancipation.

Who are the surveyed women who do not use contraception although they do not want pregnancy, are not pregnant, have sexual relations and are fertile as well as their partners? To a greater extent they are respondents from the village, women older than 30, women with uncompleted primary school or with primary education, housewives and blue-collar workers, as well as Albanian women (Table 1). An analysis of the surveyed women, according to their socio-demographic characteristics, who used *coitus interruptus* at the time the survey was taken, leads to the same conclusion.

Table 1
Among women who ***do not use*** contraception,
share of those who do not, although they have the need for birth control

	Share (in %)
Region	
Central region	39,3
Southern region	35,2
Northern region	39,0
Type of settlement	
City	35,4
Suburbs	33,0
Village	50,0
Age of woman	
20-24 years old	25,0
25-29 years old	33,1
30-34 years old	42,2
35-40 years old	48,9
Educational status	
Uncompleted primary school	50,0
Primary school	47,4
secondary school	38,2
College	28,0
University	30,6
Occupation	
Housewife	50,0
Blue-collar worker	45,5
Worker in other occupations	45,3
Clerk	36,7
Expert	25,3
Student	23,1
Unemployed	34,3
Marital status	
Single	43,3
Married	38,1
Widow	47,6
Divorced	35,5
Cohabitation	20,0
Nationality	
Montenegrin	31,7
Serb	36,4
Yugoslav	37,7
Muslim	34,8
Albanian	50,0
Gypsy	33,3
Religion	
Orthodox	39,3
Muslim	41,0
Catholic	40,9
Non religious	5,5

On the other hand, women who use IUD, efficient and modern contraception, out of understandable reasons, having in mind the indications for the use of this contraceptive means, are most often older than 30 and have the experience of marriage or cohabitation. Education is also a factor that clearly determines the differences. Accordingly, every third woman with college (30.4%) or university educational status (32.2%) which resorts to contraception, uses the IUD. The corresponding shares among women with primary or secondary education are 18.5 and 19.8. The respondents' religion determines clear differences. Namely, almost every third (30.0%) catholic which resorts to contraception uses the intra-uterine device according to every fifth (21.7%) Orthodox woman, namely every sixth (16.1%) Muslim women (Table 2).

Table 2
Among women who ***use*** contraception, share of those who rely on intra-uterine devices

	Share (in %)
Region	
Central	21,4
Southern	27,9
Northern	19,5
Tip of settlement	
City	22,7
Suburbs	21,8
Village	19,6
Age of woman	
20-24 years old	5,7
25-29 years old	18,2
30-34 years old	29,5
35-40 years old	29,8
Educational status	
Uncompleted primary school	12,5
Primary school	18,5
Secondary school	19,8
College	30,4
University	32,2
Occupation	
Housewife	20,2
Blue collar worker	21,1
Worker in other occupations	23,1
Clerk	34,0
Expert	27,0
Student	-
Unemployed	15,7
Marital status	
Single	2,5
Married	25,8
Widow	100,0
Divorced	23,5
Cohabitation	25,0
Nationality	
Montenegrin	22,9
Serb	23,3
Yugoslav	23,6
Muslim	15,6
Albanian	16,7
Gypsy	-
Religion	
Orthodox	21,7
Muslim	16,1
Catholic	30,0
Non religious	24,8

Traditional contraception is obviously incorporated in the value system to a great extent. *Coitus interruptus* has become a natural part of sexual intercourse. Above all because the psychological anxiety, psychological price for the use of *coitus interruptus* is small. It is experienced as a method that is not a health hazard, namely a method which does not have side effects. Little is known about anxiety and frigidity, possible consequences of long-term usage of this method. Contact with a doctor is also not a prerequisite for its usage. A fundamental conflict between sexuality and technology is avoided. *Coitus interruptus* does not even cause a conflict with the partner, but supports the active sexual role of the man. The option of non-efficient contraception, which includes *coitus interruptus*, is suitable for persons who are passive, whose psychological functioning is characterized by expectation, surrendering, the return to the same situation and circle of events as well as repeating of mistakes (Rašević, 1999; Cliquet, Schoenmaeckers, 1976).

Many decades ago, Sigmund Freud, contemplating on birth control, wrote: “It cannot be denied that contraceptive measures are becoming necessary in marriage and theoretically speaking, would be one of the greatest successes of mankind if it would be possible to lift the act of procreation to a level of voluntary and intentional acts and to liberate the connection with necessary satisfaction of

the natural desire." Through contemporary and efficient contraceptive means, sex has been distinguished from procreation and biological reproduction has been enabled to become a willing and intentional act of the man Freud was talking about. At the same time, modern contraception is imposed as a logical solution to the dilemma on the form of birth control, from the health and social aspect. These facts indicate to a contradictory situation and impose many questions among which the basic one is the following: why the women in Montenegro do not rely on contemporary scientific data?

Table 3

Psychological price of abortion and contraception

	No. of women			No. of points	No. of women without attitudes
	much	little	not at all		
Abortion					
Unpleasant experience	904	78	15	1886	3
Harmful to health	858	130	8	1846	4
Cause of conflict with partner	320	389	282	1029	9
Complicated to use	191	264	536	646	9
Against religious convictions	305	180	508	790	7
Total				6197	
Contraception					
Unpleasant experience	205	441	353	851	1
Harmful to health	320	463	214	1103	3
Cause of conflict with partner	127	321	550	575	2
Complicated to use	64	217	712	345	7
Against religious convictions	98	157	739	353	6
Total				3227	

Research results showed that harmfulness to health was the far most important component which influenced the formation of psychological price of contraception. (1103 points)[1]. Second and third place (Table 3) were taken by experiencing contraception as an unpleasant (851 points) namely, potential source of conflict with the partner (575 points). Religious dilemma of this solution and complicated to use were components with less influence (353 and 345, respectively).

That is why spreading knowledge, medically argumented on the real harmfulness of every of the contraceptive means, should be an important direction of family planning program activities. Apart from elementary knowledge on birth control methods, accessibility of various methods, advantages, disadvantages and orientation risks for various contraception forms and induced abortion, specific knowledge on concrete usage of every method is very important as well as the changes which can be expected in the organism due to its application.

According to results of this research, special target groups for promotion of modern contraception were women who live in suburban and village areas, married women, women of lower education, housewives and blue-collar workers, as well as Muslim and Albanian women. Thus, 43.6% of women from the suburbs and 34.1% of women from the village believe that contraception is very harmful to health in relation to 25.7% of women from the city, namely about 35% of married women have such a standpoint in comparison with 26.1% of unmarried women. The corresponding shares among housewives and blue-collar workers are 38.5 and 37.8 and among experts and students 27.4 and 18.4. Over 40% of Muslim and Albanian women believe that contraception is very harmful to health in relation to every fourth female respondent who declares herself as Montenegrin or Serbian.

A positive receptive basis exists, because on the one hand women experience contraception as the right solution to the dilemma on the form of birth control because it has been registered that the total psychological price of abortion is almost double the total psychological price of contraception (6197 towards 3227). In addition, the psychological price of every element which is estimated as a component of individual abortion cost as a form of birth control is clearly greater than the

psychological price of the same element which forms the subjective contraception usage experience (Table 3).

On the other hand, many women are open to acquiring new knowledge from this sphere. As many as 72.6% of the female respondents want to know somewhat more on contraception. The recognized necessity for acquiring knowledge on birth control methods and means is certainly a motivation backlash for contraception usage. At the same time, an assumption for realizing positive family planning program results in a short time period, is important.

Together with spreading knowledge with an aim to change perspectives on contraception and consequently further reduce the psychological price of its use, contraception services should be improved respecting the requirements of women so that they could realize their correct attitudes. Namely, the results of this research indicated that contraception services do not enjoy women's confidence. Nearly half of the women (45.0 %) reported a negative experience with a gynecologist in contraceptive services. In addition 31.2 per cent of the women underlined poor organization of the service in contraceptive services, such as long waiting times and being forced to stand for long periods, as the reasons why they disliked attending them. Eighteen per cent of them would have preferred to see a woman gynecologist, yet this choice was not offered. Only 5.5 per cent of the women felt that their problems in deciding to use and obtaining contraceptives lay with them rather than with the contraceptive services (Table 4).

Table 4
Reasons of conflict with contraception services

	Share (in %)
Negative experience with gynecologist	45,0
Poor organization	31.2
Man gynecologist	18.0
Personal factor	5.5
Does not know	0.3

A special target group for family planning are men as well. Namely only somewhat more than a half (53.2%) of surveyed women stated that their husband/partner agrees with the use of contraception and believes that the decision on the form of conception prevention should be mutual (Table 5). Every twelfth respondent (8.4%) though, reported that her husband believes that protection against pregnancy is her concern. Do objective factors such as high efficiency of these means regardless of application or the usage in the actual sexual act prevail in this attitude, or is the psychological price of "female" contraceptive means for men necessarily lower?

Table 5
Partner's attitudes about contraception

	Share (in %)
Was not discussed	25,7
Not interested	4,9
Against contraception usage	5,3
Believes it is his concern	2,3
Believes it is her concern	8,4
Believes decision should be mutual	53,2

On the contrary, about one third of the surveyed women (30.6%) stated that their husbands/partners were either indifferent towards contraception usage (4.9%) or that they did not even talk about this theme with them (25.7%). The discussion regarding conception prevention however, for many pairs from various environments and civilization circles presents a difficulty, frustration and even stress (David, 1980). Nevertheless, not initiating or not accepting a discussion on such an important issue is, actually, also a decision, less frustrating and less stressful at the moment, but after a shorter or longer period an even more important decision would have to be brought whose price is certainly far greater. Further, 5.3% of the female respondents stated that their husband is directly

against birth control methods and means. Still, 2.3% of the women talked with their husband about contraception, but he believes that it is "his affair".

It is hard to explain, without including men into the research as well, why the standpoint on contraception of a large number of men, is dominated by passiveness, direct opposition or encouragement for the use of only "male" contraceptive means. How much is such a relationship only an expression of the requirement to support the active sexual role as well as domination of men in partnership with women? An open question presents how much ignorance there is in other contraception methods and means when only "male" contraceptives are accepted. Therefore it is necessary to withdraw men from the defensive, to promote their responsibility and stimulate the usage and availability of male contraceptive means.

Induced abortion

Research results confirm that induced abortion is a consequence of not preventing pregnancies at all or conception prevention by inefficient contraception. Although results for those pregnancies terminated by induced abortion were not processed, this conclusion was formed by data regarding all pregnancies regardless of their outcome. For example, almost one fourth (22.9%) of all third pregnancies was terminated by induced abortion. At the same time 86.0% of third pregnancies had not even been attempted to be prevented, and among women who stated that they were using contraception at the time of conception, more than half (57.1%) relied only on *coitus interruptus* or on *coitus interruptus* in combination with rhythm method, and every fourth (22.4%) female respondent used spermicides.

Apart from that, every fifth surveyed woman, or 21.8%, has had experience with induced abortion. Among them, the largest number, 57.3%, had one induced abortion in her reproductive history. Then there are the female respondents with two induced abortions (26.2%) and three induced abortions (12.8%). A minimum number of women had experience with a greater number of abortions. Only six women had four, and two women had as many as six induced abortions.

The most sensitive theme in surveys on reproductive behavior are questions regarding the personal experience of induced abortion. Especially the number of induced abortions in reproductive history. The reliability of responses to this question is additionally reduced by the fact that the interviewers were local persons. Thus the following question arises: is the number of women who stated that they had experience with induced abortions realistic as well as the structure of repeated abortions according to the number of induced abortions? Or, how many women did not report pregnancies which terminated as induced abortions in the pregnancy history due to less degree of personality openness or out of desire to give a socially-requested reply. We believe a significant number of women, because according to the latest reliable data which refer to 1989, about 8000 pregnancies are annually induced terminated in Montenegro, namely every twentieth woman in her reproductive period terminates a pregnancy in the course of one calendar year. Nonetheless, apart form these restrictions, the acquired data deserve analysis.

When the reproductive history of surveyed women is analyzed, who had induced abortion in the negative sense, the following results call upon attention. Every third woman with one child (33.3%) had experience with more than one induced abortion. Also, every third female respondent (36.0%) with two children terminated pregnancies twice, three or more times.

Only 4.0% of first pregnancies were terminated by induced abortion, which is certainly a positive report. However, with the increase of the number of pregnancies, the number of induced abortions also rises. Thus every fourteenth (7.2%) second pregnancy is aborted, every fourth (22.9%) third pregnancy and 38.4% of fourth and 47.1% of fifth pregnancies were terminated by induced abortion. The corresponding shares in the sixth, seventh and eighth pregnancies are 48.1;58.8 and 33.3.

Who are the surveyed women with two or more induced abortions in their reproduction history? To a great extent, the women who had induced abortion are the respondents from northern Montenegro, women from the village, older women, women of lower educational status and married women. Therefore, every other female respondent (51.2%) from northern Montenegro who has had experience with induced abortion, twice or more times induced abortion in relation to every third woman from the south (35.9%) or from the central region (33.3%). Similarly, every other female respondent (51.6%) from the village with induced abortion in her history induced abortion twice or more times in relation to every third woman (35.3%) from the city, namely suburban area (36.2%). The age of the respondents, understandably, determines the differences. Therefore 56.6% of women older than 35 which have had experience with abortion, induced abortion two or more times in relation to every third woman younger than 25. Education of the female respondents should also determine the differences. Clear differences were, though, registered only when university education is in question. Namely, 39.4% of the female respondents with primary education, 45.3% with secondary school and almost every other respondent (47.1%) with college education, who has experienced induced abortion has had more than two induced abortions in relation to only every sixteenth woman (15.8%) with university level education. Among the women with induced abortion in their reproduction history, married women, primarily, induce abortion more than twice. The corresponding percentage for married women is 44.8% and for unmarried women 10.0%.

Sexually transmitted infections

On the other hand, the initial hypothesis that sexually transmitted infections are one of the Montenegrin population reproductive health problems has not been confirmed. The hypothesis is based on the fact that the incidence of sexually transmitted infections is increasing in many transition countries due to impoverishment of a large number of population, social maladaptation syndrome, sense of insecurity, prostitution and drug addiction increase, and lack of sexual education (Coudoul, 1999; Gromyco, 1999), which are all characteristics of Yugoslav society as well in the last years. In addition, the experience of many populations in various times showed that there is a deep binding connection between war and refuge and the increase of sexually transmitted infections.

However, to the question which was worded *have you or your partner had any sexual infection in the last year* only 3.3% of surveyed women replied positively. The determined differences in the reply to this question among women according to different socio-demographic characteristics, although not insignificant, vary in the range from 1.5% (determined for female respondents who live in northern Montenegro) and 6.2% (determined for Albanian women), do not seem significant.

An open question represents on how much the obtained results are reliable. There are no possibilities to compare this data with research results, partial of representative type, because unfortunately they have not been carried out in the past. They do not seem to be realistic having in mind not only the sensitivity of the question as well as the particularity of general circumstances, including all accompanying changes of economic system transition, openness for challenges of modern way of life and great population movements. Therefore it may be concluded that survey researches still are not a suitable source of data for determining sexually transmitted infections in Montenegro.

The determination of the degree to which sexually transmitted infections are widely distributed, is though, an important prerequisite for establishing control over this group of infections which endanger the reproductive health of infected persons in many ways. Defining the protocol for testing and registration, not only of infected persons and but their partners as well, may be the solution which is being imposed as the first step in curing sexually transmitted infections. The World Health Organization recommends that the syndrome approach is applied for treatment (WHO, 1996). The syndrome approach could be applied while defining testing and registration protocol of this group of infections as well.

Infertility

In contrast to the dilemmas regarding the degree to which sexually transmitted diseases are distributed, the research results indicated that infertility, primary and secondary, is not widespread, and that it certainly is not considered as a reproductive health problem of the population of Montenegro. Although in the last few years, there has been certain convictions in the public that the number of infertile couples is rising and that the matter of decreased births may be reduced by financial support from the state in treating sterility (Mojsilović et al, 1997; Puzigaća, 1999) only every thirteenth woman gave a negative reply to the question *do you believe that you can* (still) *get pregnant and give birth to a child, regardless of whether you want to or not.* 4,4% of female respondents believe they cannot, and 2.9% believe that they probably cannot get pregnant and give birth to a child (Table 6). In contrast, almost two thirds of the women (60.7%) gave a positive reply to this question while every third (31.9%) believes she can probably get pregnant and give birth to a child.

Table 6

Share of women who responded with **no** or **probably not** to the question *do you believe you can (still) get pregnant and give birth to a child, regardless whether you want to or not*

	No	Probably not
Total	4,4	2,9
Number of live children		
0	5,4	5,4
1	3,2	4,1
2	2,8	1,4
3	5,9	1,3
4	10,8	-
5	14,3	-
6	-	-
7	-	-

An analysis of the replies to this question in relation to the respondent's number of children enables primary and secondary infertility to be distinguished. The results show (Table 6) that every tenth woman who does not have children believes that she cannot (5.4%) or probably cannot (5.4%) get pregnant and give birth to a child. The corresponding shares among women who have one, two and three children are also low and vary from 1.3 to 5.9. However, every tenth women (10.8%) with four children and every seventh women (14.3%) with five children believes that they cannot get pregnant and give birth to a child. This can be explained, primarily by the widespread belief that women cannot get pregnant and give birth to a child towards the end of their fertile period and rely on sterilization as a method of birth control when the desired number of children are born.

Almost one third (31.3%) of women does not know the reason she cannot get pregnant and give birth to a child. This is probably a result to a great extent of the disappointment in the attempts to find out and eliminate the causes of infertility rather than the consequence of the woman's indifference or passivity. The list of reasons continue with those regarding the uterus (26.6%), then disorders in the menstrual cycle or ovulation (17.2%), reasons regarding oviduct (9.4%). The social reason, small frequency of sexual relations, is rarely stated, in 9.4% of the cases. Also, only 6.3% of the female respondents relies on voluntary sterilization and therefore cannot get pregnant and have a child.

The parallel question regarding men indicated that 2.8% of women believe that their husband, namely partner, cannot have children. On the contrary, every third female respondent (31.2%) believes that her husband or partner probably can have children, and almost two thirds of women (64.9%) is sure her male partner is fertile. Only 11 women did not give a reply to this question.

Conclusion

The distinguished problem of inadequate behavior in the sphere of birth control is serious and requires resolving. This requires the spreading of relevant knowledge, the development of a family planning service network which respects the requirements of women, availability of modern contraception including legal regulations for voluntary sterilization, bringing men out of the defensive and promotion of their responsibility in this sphere and other matters. Fast positive results can hardly be expected. The long duration of this reproductive health problem indicates numerous and stable factors which cause it. Taking this fact into consideration, as well as the slowness of spontaneous changes, it is expected that the problem on non-usage of contraception or the use of traditional low efficient contraception namely consequently resorting to induced abortions, will be present in the coming years. However, the length of its duration will depend a lot on the possibilities and willingness of its solution.

Note

1 Psychological price of contraception as well as psychological price of abortion was tested in the following way in this research: three answers were offered for every of the five elements which were assumed to be considered when making a decision on the form of birth control. The subjective experience was transformed into numerical values in the following way: the reply "much" bore two points, the reply "little" one point, and the reply "not at all" zero points (methodological basis for this question taken over from the work of Kapor-Stanulović, 1985).

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