

# Abortions and Contraception Use among Czech and Romanian Women: Comparison of Representative National Studies

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## ABSTRACT

**Introduction.** This article presents the results of representative national studies comparing the behavior and attitudes of Czech and Romanian women regarding abortion and contraception use.

**Aim.** Describe the attitudes to abortion and incidence of abortion in female population of these countries.

**Methods.** Independently and anonymously conducted questionnaire with 1,011 Czech and 1,001 Romanian women, with the participants' age from 15 to 50 years. The sample represented both Czech and Romanian female populations with respect to age, education, and the size of their place of residence.

**Main Outcome Measures.** Questionnaire studies awareness, attitudes, and behavior related to the area of sexual life, contraception, and family planning.

**Results.** Based on the acquired information, it can be postulated that Romanian women, despite having a less liberal opinion on abortions than their Czech peers, undergo abortion more often than Czech women (Romanian 28%, Czech 16%), are less informed about potential side effects, and more often use less reliable methods of contraception (the so-called “natural contraception”—vs. hormonal contraception, which is the method of choice of Czech women).

**Conclusion.** These results indicate that despite more liberal attitudes toward abortion, Czech women have less frequent incidence of abortion than Romanian women and they have more relevant information about contraception and their sexual behavior is more conscious and responsible. **Hollá K, Weiss P, Unzeitig V, and Cibula D. Abortions and contraception use among Czech and Romanian women: Comparison of representative national studies. J Sex Med \*\*,\*\*:\*\*-\*\*.**

**Key Words.** Contraception; Abortion; Reproductive Health; Romania; Czech Republic

## Introduction

The abortion rate in a specific country depends on a complex network of social, cultural and medical factors. Throughout history, attitudes toward abortion have developed—and are still developing—differently in various cultures. It is, therefore, of interest to compare the situation in this regard in two post-communist countries.

Due to the communist regime there were no serious works regarding the study of sexual and contraceptive behavior in the Czech Republic and

Romania. However, the situation changed after the onset of the AIDS epidemic around the year 1988. In the Czech Republic, questions about sexual behavior were initially asked within epidemiological-sociological surveys of citizens' opinions about AIDS [1]. Other major research and efforts to collect new data about contraceptive and reproductive behavior in the Czech Republic were conducted by the Czech Statistic Office in 1993, then by Weiss et al. in their research of sexual behavior of teenagers in 1995, Weiss and Zvěřina 1996 or Weiss and Trojan 1997 [2–5]. In Romania there were major surveys carried out by

Serbanescua, et al. in 2001 and Creanga, et al. in 2007 and Jerebeanu et al. in 2006 [6–8]. Among the significant world researchers there should be mentioned, for example, Spira et al. in 1994 and Smith's research at the University of Chicago in 1993 [9,10]. There is an unambiguous conclusion from all these researchers and surveys and that is the gradual liberalization of attitudes toward sexual questions and problems and more responsible behavior among younger generations.

The Czech Republic and Romania differ significantly in their economic situation as well as in the history of their populations' behavior regarding abortion and contraception. For decades, Romania was an example of a totalitarian regime reaching far into the most intimate spheres of its citizens' life, including the availability (or rather nonavailability) of contraception and a general antiabortion government policy. Most women were denied a legal abortion, and had to undergo dangerous illegal abortions, which resulted in the increase of maternal mortality and incidence of infertility. On the contrary, the Czech Republic, even under communist regime, was very liberal in these matters and contraception and abortion were freely available to Czech women in the last decades.

From a historical point of view, as well as from a current comparison, the data from Romania regarding contraception and abortion are unique in the European context. Statistically, Romania has the highest number of abortions per population count in the world [11]. Three out of four pregnancies are artificially terminated [12]. Romania, with its approximately 23 million people, has 800,000 abortions per year. The same ratio would mean 8.5 million abortions per year in the United States, and about 160,000 per year in the Czech Republic. The Czech Republic with the population of 10.5 million inhabitants had 39,959 abortions in 2006.

The high abortion rate in Romania is currently being ascribed to the difficult economic situation in the country. Sexual and contraceptive education in Romania is still very difficult. Many women, including professionals, such as doctors, do not believe in modern contraceptive methods as they are afraid of undesirable negative side effects and they are not adequately informed about their safety and methods of usage [7]. Women consider abortion to be a traditional, safe, accessible, quick, and relatively cheap procedure, even if unpleasant and stressful. They see abortion as a means of resolving an already existing unwanted pregnancy, while contraception is regarded as a less accessible, more costly, and complicated way to prevent a possible

problem (a future unwanted pregnancy). Gynecologists also consider abortion to be a common, simple procedure, which does not require special attention. They admitted that abortion is a good source of income, especially for those who limit their professional activities primarily to performing abortions. The cultural tradition of giving gifts to physicians for the services they provide helps to perpetuate this situation" [13]. Based on these considerations, we concentrated on comparing the behavior of women in both countries regarding abortion and contraception in the scope of representative national studies.

### Sample and Methods

The research was contracted and financed by the European Society of Contraception and approved by the Ethics Committee of the First Medical Faculty of Charles University in Prague.

This research was performed in the scope of a broader study comparing sexual behavior of women in Romania and the Czech Republic. Specially trained interviewers from a specialized demoscopic agency both in Romania and in the Czech Republic were obliged to find a fixed number of respondents according to defined quotas. The interviewers were evenly distributed in both countries. A total of 1,011 women in the Czech Republic and 1,001 women in Romania participated in the study. The participating women were from 15 to 50 years of age and the cohort was representative for both the Czech Republic and Romania according to the age, education, and size of the participants' place of residence criteria.

The participants' responses were obtained individually. After assurance of complete privacy and anonymity of the acquired information, the informed consent was signed. The interviewers first used a face-to-face interview method to obtain demographic data and to inform the participants about the subject of this survey. After that the women were given a questionnaire and were asked to fill it out in the presence of the interviewer. After completing the survey, they put it into an envelope and gave it back to the interviewers. The survey took approximately 27 minutes to complete. There were no major problems with finding the participants and with their understanding of the questions. Participants' questions about the survey were answered by the trained interviewers in a standard manner, thus limiting any potential cultural bias.

**Table 1** Sample characteristics

Parameter	Czech Republic %	N	Romania %	N
Age (years)				
15–19	11%	113	15%	151
20–29	30%	302	30%	298
30–39	29%	295	30%	303
40–50	30%	301	25%	249
Size of the place of living				
<5.000	24%	241	48%	481
5.000–49.999	34%	345	15%	150
≥50.000	42%	425	37%	370
Education				
Elementary	26%	263	15%	150
Vocational school or unfinished high school	29%	293	20%	200
High school	33%	334	45%	451
Graduate school	12%	121	20%	200
Religion and beliefs				
Deeply religious	2%	20	11%	113
Religious	21%	212	81%	804
Nonreligious	63%	639	1%	10
Undecided or no opinion	14%	140	6%	74

For evaluation of obtained data the statistical software package SPSS (11.5 for Windows) was used particularly the z-statistics.

The sample overview divided according to age, education, size of the participants' place of living, and religious affiliation is shown in Table 1.

## Results

The initial part of the research concerned the number of abortions in the patient history and the women's opinion on abortion. Of those interviewed, 18% of Czech women and 33% of Romanian women have had abortion in the past. However, another 11% of Romanian women refused to answer the question on abortion history, while all the Czech women answered this question. The number of abortions in the Romanian women's history was statistically significantly higher than in the Czech women ( $P < 0.01$ ,  $z = 7.65$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ).

However, Romanian women ages 15–19 and 20–29 and Czech women ages 30–39 had statistically significantly fewer abortions than women of both countries who were age 40–50. The number of women who had abortion in their history gradually rises with age. Czech women with no children had significantly fewer abortions compared to women with one or more children—97% vs. 74% ( $P < 0.01$ ,  $z = 9.1$ ,  $N_{\text{no children}} 362$ ,  $N_{\text{some children}} 649$ ). Both Romanian and Czech women had significantly more frequent abortions when they were married or divorced compared to singles (CZE

21% married— $z = 7.34$ , 29% divorced to 4% singles— $z = 7.94$ , ROM 49% married— $z = 11.65$ , 54% divorced to 9% singles— $z = 13.43$ ,  $P < 0.01$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ).

The number of abortions was compared according to the criterion of the highest education obtained. However, no statistically significant differences were found among women when compared by level of education.

The number of abortions was compared according to religious beliefs. The Czech women were divided into the categories: “believer,” “non-believer,” and “I do not know.” Romanian women were divided into “deep believer,” “believer,” and “undecided”. Using these categories, we could compare only two “believers” and “undecided.” Twenty-two women (2%) in the Czech Republic sample were categorized as “deep believers”; they were assigned to the category “believer.” In Romania, there were only 10 atheistic women (1%) in the sample; they were assigned into the “undecided” category. Statistically significant results ( $P < 0.01$ ,  $z = 4.26$ ,  $N_{\text{Czech}}$  “believer” 232,  $N_{\text{Romanian}}$  “believer” 917) indicated that the Czech “believer” had fewer abortions than the Romanian “believer” (19% to 33%).

## Attitudes toward Abortion

The responses regarding the participants' attitudes toward abortion are shown in Table 2.

In the Czech Republic, a significantly more liberal view of the artificial termination of pregnancy is prevalent. The differences in responses

**Table 2** Attitudes to abortion. What is your opinion on abortion (artificial termination of pregnancy)?

	Czech Republic N 1,011	Romania N 1,001	
Abortion is acceptable only for health reasons	12%	25%	$P < 0.01$ , $z = 6.21$
Abortion is acceptable for health as well as social reasons	21%	13%	$P < 0.01$ , $z = 3.37$
Every woman has the right to choose whether or not she wants to bear the child, under any circumstances	60%	40%	$P < 0.01$ , $z = 9.96$
I absolutely reject abortion, regardless of the possible medical, financial or social situation of the woman	4%	12%	$P < 0.01$ , $z = 5.69$
I do not know, cannot decide	2%	10%	$P < 0.01$ , $z = 6.06$

between Czech and Romanian study subjects are statistically significant in these aspects ( $P < 0.01$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ): more of the Czech women compared to Romanian have a liberal attitude toward abortion; they think that “every woman has the right to choose whether or not she wants to bear the child, under any circumstances” ( $z = 9.96$ , 60% to 41%) and for more Czech women abortion is acceptable for health as well as social reasons ( $z = 3.37$ , 21% to 13%).

Statistically significant results according to age ( $P < 0.01$ ,  $N_{15-19 \text{ Czech}} 113$ ,  $N_{15-19 \text{ Romanian}} 151$ ,  $N_{20-29 \text{ Czech}} 302$ ,  $N_{20-29 \text{ Romanian}} 298$ ,  $N_{30-39 \text{ Czech}} 295$ ,  $N_{30-39 \text{ Romanian}} 303$ ,  $N_{40-50 \text{ Czech}} 301$ ,  $N_{40-50 \text{ Romanian}} 249$ ): both Romanian and Czech women ages 15–19 were unable to express their attitudes toward abortion compared to other age categories (Czech  $z = 3.27-3.36$ , 10% to 1–2%, Romanian  $z = 4.59-4.72$ , 24% to 7–9%). Romanian women ages 30–39 less frequently express the opinion, “I absolutely reject abortion, regardless of the possible medical, financial or social situation of the woman” compared to younger Romanian women ( $P < 0.05$ ,  $z = 2.04$ ,  $N_{30-39 \text{ Romanian}} 303$ ,  $N_{15-19 \text{ Romanian}} 151$ ,  $P < 0.01$ ,  $z = 2.97$ ,  $N_{20-29 \text{ Czech}} 302$ , only 7% vs. 14–15% in younger age categories have this attitude).

The participants were divided into groups according to their place of residence. However, no statistically significant differences were found among women when compared by place of residence.

The respondents were then divided into groups according to their religious beliefs. The attitude toward abortion appears to be strongly influenced by religion. The Czech nonbelievers compared to believers are significantly ( $P < 0.01$ ,  $z = 5.21$ ,  $N_{\text{nonbelievers}} 639$ ,  $N_{\text{believers}} 232$ ) more liberal in their attitudes and leave the choice up to a woman herself (66% to 46%). More believers compared to nonbelievers and undecided held the attitude “I absolutely reject abortion, regardless of the pos-

sible medical, financial or social situation of the woman” ( $P < 0.01$ ,  $z = 6.75/2.82$ ,  $N_{\text{believers}} 232$ ,  $N_{\text{nonbelievers}} 639$ ,  $N_{\text{undecided}} 140$ ). The Romanian deep-believers expressed liberal attitudes toward abortion significantly less often ( $P < 0.01$ ,  $z = 4.7$ ,  $N_{\text{deep-believer}} 113$ ,  $N_{\text{believers}} 804$ ) than believers (20% to 44%). In contrast, they more frequently hold a radical negative attitude compared to those categorized as believers ( $P < 0.01$ ,  $z = 2.85$ ,  $N_{\text{deep-believer}} 113$ ,  $N_{\text{believers}} 804$ , 21% to 10%).

#### Possible Side Effects of Abortion

Women’s awareness of potential side effects of abortion was also explored. For the first two questions, the correct answers were positive—abortion increases the risk of sterility and can cause mental (psychological) difficulties. For the last three questions the correct answer was negative—abortion does not cause sexually transmitted infection, cervical cancer or subsequent ineffectiveness of contraception. We did not consider the possible risk of pelvic inflammatory disease, however, we do not believe respondents confused this condition with a sexually transmitted disease. The results are shown in Table 3.

From the results, it is apparent that Czech women are better informed on the real possible side effects of abortion. They were significantly more likely ( $P < 0.01$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ) than their Romanian peers to correctly respond that abortion can cause sterility (93% to 68%,  $z = 14.29$ ) and that the mental (psychological) difficulties, such as depression and feeling of loss, can occur after abortion (83% to 64%,  $z = 9.67$ ). Romanian women compared to Czech women more often ( $P < 0.01$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ) marked incorrect possible side effects, which are not caused by abortion. They were afraid of sexually transmitted infection after abortion (32% to 11%,  $z = 11.61$ ) and subsequent ineffectiveness of contraception (22% to 13%,  $z = 5.18$ ).

**Table 3** Possible side effects of abortion. Please tell us what you think could be the potential negative side effects of abortion

Abortion increases the risk of:	Czech Republic N 1,011	Romania N 1,001	
Sterility (impossibility to conceive)	93%	68%	$P < 0.01, z = 14.31$
Mental (psychological) difficulties (depression, feeling of loss)	83%	64%	$P < 0.01, z = 9.67$
Sexually transmitted infection	11%	32%	$P < 0.01, z = 11.61$
Cervixcancer	20%	23%	$P < 0.1, z = 1.70$
Subsequent ineffectiveness of contraception	13%	22%	$P < 0.01, z = 5.18$

**Currently Used Birth Control Methods**

The participants' answers on currently used methods of protection from undesired pregnancy are shown in Table 4.

Czech women prefer hormonal contraception (40% to 18%,  $z = 10.95$ ), unlike the Romanian women, who prefer the use of barrier methods (condom) (28% to 13%,  $z = 8.51$ ) and the so-called natural means of contraception (nonfertile days 10% to 3%,  $z = 6.59$  and the withdrawal method 13% to 9%,  $z = 3.13$ ). The differences are again statistically significant ( $P < 0.01, N_{Czech} 1,011, N_{Romanian} 1,001$ ).

**Use of Contraception and Abortion**

The groups of contraception users and nonusers were compared with respect to the incidence of abortion in the woman's history. The results are shown in Table 5.

Czech women use contraception more and also have a lower incidence of abortion. Of the sexually active Romanian women who currently do not use contraception, 53% have one or more abortions in their history. The results are statistically significant ( $P < 0.01, z = 4.38, N_{Czech} 1,011, N_{Romanian} 1,001$ ) compared to the current users of contraception (35% of them underwent abortion). It should be noted that we cannot speculate on contraception use before the abortion.

The Czech women who use hormonal contraception had statistically significantly ( $P < 0.05, N_{Hormonal\ contraception} 400, N_{noncontraception} 156, N_{Intrauterine\ device} 122$ ) fewer abortions compared to Czech women who do not use any contraception (15% to 26%,  $z = 2.02$ ). However, women who currently have an intrauterine device had significantly more abortions in their history (37%,  $z = 2.87$ ).

**Table 4** Currently used birth control methods

	Czech Republic N 1,011	Romania N 1,001	
None	15%	19%	$P < 0.1, z = 1.88$
Condom	13%	28%	$P < 0.01, z = 8.51$
Hormonal contraception	40%	18%	$P < 0.01, z = 11.95$
Withdrawal method	9%	13%	$P < 0.01, z = 3.13$
I have not had an intercourse with a man yet	22%	28%	$P < 0.01, z = 3.15$
Intrauterine device	4%	1%	$P < 0.01, z = 4.03$
Infertile days	3%	10%	$P < 0.01, z = 6.59$

**Table 5** Comparison of women who have undergone abortion with respect to contraception use. Have you ever had an abortion (artificial termination of pregnancy?)

				What contraception do you currently use in heterosexual coitus?	
		yes	N	Any	none
Czech republic N 785 $P < 0.1, z = 1.92$	Have you ever had an abortion (artificial termination of pregnancy?)	no	N	118	40
			%	19%	26%
Romania N 717 $P < 0.01, z = 4.38$	Have you ever had an abortion (artificial termination of pregnancy?)	no	N	511	116
			%	81%	74%
		yes	N	184	99
			%	35%	53%
		no	N	346	88
			%	65%	47%



**Table 6** Comparison of reliable sources. Which of the following sources of contraception do you currently consider the most reliable?

	Czech Republic N 1,011	Romania N 1,001	
doctor, psychologist	70%	66%	$P < 0.05$ , $z = 2.06$
parent/parents	7%	7%	
friends	5%	6%	
magazines, newspapers	6%	5%	
school	2%	5%	$P < 0.01$ , $z = 3.17$
sibling(s), or other family members	2%	5%	$P < 0.01$ , $z = 3.05$
books	4%	2%	$P < 0.05$ , $z = 2.2$
internet	2%	2%	
television, radio	0%	3%	$P < 0.01$ , $z = 4.79$
priest, bible, religious documents	0%	0%	
I do not know	0%	0%	
Was not interested in such problems	0%	0%	
partner, husband	0%	0%	

It was statistically significant ( $P < 0.01$ ,  $z = 10.46$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ) that more Czech women (77%) agree with the use of hormonal contraception and can imagine using it themselves (if they are not users already). But only 55% of Romanian women adhere to this opinion. Romanian women are more likely to disagree with the use of hormonal contraception in general but the main reason was not related to availability—price or accessibility (only 2%), but rather, consideration of their safety (36%). In general, the main factors in choosing contraception in Romania are safety and simplicity. In the Czech Republic, the main factors are reliability, contentment, convenience, and doctor's advice.

#### Information about Contraception from Reliable Sources

The participants were asked which of the following sources of contraception (listed in Table 6) they currently consider the most reliable.

Both Czech and Romanian women consider doctors or psychologists to be the most reliable source of information about contraception. This is true for 70% of Czech and 66% of Romanian women surveyed ( $P < 0.05$ ,  $z = 2.06$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ). All other sources were given significantly less importance.

Among the Czech and Romanian women, the other following statistically significant ( $P < 0.01$ ,  $N_{\text{Czech}} 1,011$ ,  $N_{\text{Romanian}} 1,001$ ) differences were found: the Romanian women compared to the Czech ones more often consider the most reliable

source of information the school (5% to 2%,  $z = 3.17$ ), siblings or other family members (5% to 2%,  $z = 3.05$ ), and TV or radio (3% to 0%,  $z = 4.79$ ).

#### Discussion

In Romania after 1989, the restrictive antiabortion government policy was discontinued; however, the law itself was not overturned until 1996. Since then, the number of legal abortions skyrocketed and maternal mortality declined. Maternal deaths declined by almost half after only one year [14]. Also, since 1989, the government's interest in the improvement of female reproductive health has increased; the Ministry of Health is striving to increase the availability of family planning and improve sex education, thereby decreasing the abortion rate without imposing restrictions [15]. However, the sex and contraception education remains difficult; many women and even professionals do not trust modern contraceptive methods, are afraid of their potential side effects, and are inadequately informed about their safety and correct use [7].

In the Czech Republic (population: 10 million), significant changes in contraceptive behavior—and related changes in abortion rates—followed the political changes after 1989. Outstanding in the worldwide scope was the drop in abortion numbers: from 107,403 in 1989 to 25,352 in 2006. In 2007, 39,959 pregnancy terminations were reported, or 15.88 for every 1,000 women of fertile age. Of these, however, only 10.07 per 1,000 women of fertile age were artificial pregnancy terminations (abortions), the rest were spontaneous miscarriages [16]. Undoubtedly, this decline directly correlates with the increase in the number of hormonal contraception users. According to representative studies by Weiss and Zverina, the percentage of women using hormonal contraception increased from 22% in 1993 to 43% in 2003 [17]. This is an interesting point because in the Czech Republic—unlike Romania—even under the communist regime, the abortion policy was quite liberal (especially in the last years of the regime abortions were available virtually on demand), and modern contraception methods were available and affordable.

The persisting large differences in contraceptive and abortion-related behavior and attitudes between women in both countries are confirmed by our data. Romanian women undergo abortion more often than their Czech peers. Historically,

although illegal, this used to be the only means of family planning for Romanian women, especially under the Ceaucescu regime [18]. Although contraception became legal in 1989, as late as in 1996 it was still not widely available and was also surrounded by fears of unreliability and negative side effects [19]. This could be the reason for the Romanian women's persisting preference for the so-called natural methods of contraception: the withdrawal method and nonfertile days—in correlation with other studies conducted in Romania. From, for example, the Romanian Reproductive Health Survey, 1994 or research by Johnson et al., we can confirm that these remain the most often used methods of contraception even today [20,21]. This fact is confirmed by other research conducted in Romania, for example by Serbanescua et al. in 2001 [6]. Jebereanu et al. in 2006 in their study of young medical students stated that “students . . . do not have adequate theoretic knowledge about abortion, they do not show any interest in abortion and generally think that this problem does not apply to them” [8].

For Romanian women, the most reliable source of information is a doctor or other professional in this field. However, this could present a difficulty because for Romanian gynecologists, an abortion does not represent a fundamental problem: “Gynecologists consider abortion to be a common, simple procedure, which does not require special attention. They admitted that abortion is a good source of income, especially for those who limit their professional activities primarily to performing abortions” [13]. In contrast to abortion, contraception requires not only that information be given to patients, but also necessitates their compliance and long-term cooperation. There was a presumed reason that the lower socioeconomic status of Romanian women and their low income would lead them to reject hormonal contraception, but this assumption was not verified. Romanian women rejected hormonal contraception mainly because they were worried about their safety. Nevertheless, the primary reason Romanian women do not use hormonal contraception more frequently is the high rate of religiosity in the whole region, so the choice for controlled fertility is mainly of religiously approved methods of contraception—that is, infertile days and withdrawal.

In our research, we conclude that older, married, or divorced women undergo abortion more often than those who are younger, single, and with no children. However, from these results

alone, we can not state that abortion rate is declining mainly because a pregnancy at older age is more often unwanted. Nonetheless, in a view of a long-term global decline in abortion statistics, it is possible to assume that younger women are more responsible regarding sexual and contraceptive behavior and that they have a wider range of contraceptive choices compared to older women, particularly those who lived or were raised under the communist regime.

Our research also shows that Romanian women have more conservative attitudes about abortion compared to Czech women. However, even among Romanian women, a liberal attitude is prevalent. However, it should be kept in mind that some of the Romanian women refused to answer questions aimed at determining attitudes toward abortion, whereas none of the Czech women refused to respond to such questions. We believe that this is mainly due to more religious beliefs among Romanian who were, therefore, more ashamed to talk about their abortion. In agreement with the results of the study by Jebereanu et al., we conclude that Romanian women more often express their consent about abortion only for health or other serious reasons [8]. The main reasons for abortion refusal are conscience and the fear of complications. Such answers, however, are in sharp discrepancy with the reality of high abortion rates and the lack of rational contraceptive behavior among Romanian women, as confirmed by studies on birth control methods performed in the last two decades [13]. The expressed liberal attitude toward abortion by Romanian women is related more with seeing an abortion as an alternative method of contraception rather than with emancipation of women and their ability to stand for their rights. It also raises question about their ability to choose a responsible approach to sexual behavior. The less liberal view of abortions in Romanian women could also be related to the high religiosity of the whole country—our original intent was to compare views on abortion in relation to religious affiliation; this was not possible because these categories proved not to be comparable: only 1% of Romanian women described themselves as atheists vs. 63% of Czech women.

Czech women are statistically significantly better informed about the negative side effects of abortion. Romanian women tend to be less informed and have irrational fear of abortion-related health complications, especially STDs. Such fears could result from the generally lower health-care standards as well as from the high

number of illegal abortions in the past that, in the better case, lead to health complications or infertility, or worse, to the woman's death [13].

Despite the program for sex education ongoing since 2001 under the patronage of the Ministry of Health, Romanian women's awareness of birth control options and prevention of abortions is still insufficient [20]. In correlation with the results of the study by Serbanescu et al., we confirm that Romanian women significantly less often use contraception to prevent unwanted pregnancy and rely more on abortion as a means of family planning [6].

According to WHO data, Romanian women consider abortion a traditional, rather safe, accessible, fast, and relatively affordable way to deal with unwanted pregnancy despite its perception as uncomfortable and stressful [22]. Contraception, on the contrary, is less accessible and more expensive. From the gynecologists' point of view, abortion is also an easy, routine procedure that does not require much attention, not mentioning it being a source of considerable income.

Since 2001, a program has been in place in Romania, aimed at education in all forms of family planning and involving both public and family practitioners that offers a hope of improving contraception awareness, decreasing the abortion rate, and improving the general knowledge about reproductive health [23]; although as we know from other countries, it is not easy to inform public and professionals about reproductive health.

During the last two decades, the field of sexual medicine gained increased scientific interest because of a better scientific understanding of human sexuality, and sexual function and dysfunction. However, it seemed that these advances could not be effectively communicated to the public for two basic reasons. First, scientists working in the field of sexual medicine were not aware of tools concerning the diffusion of innovations in the community, and second, the public was not prepared to overcome the existing "conspiracy of silence." Moreover, it seemed as if research advances were not effectively translated into clinical practice because of a lack of established sexual medicine education and training opportunities for health professionals [24].

And also there should be kept in mind that there are certain subgroups, which are particularly in need of precise information about reproductive health, for example, those who do not have good access to medical care or who are less healthy than the general population. Population of women who have some kind of sickness needs to "fully understand sexual and reproductive issues, face the same reproductive health decisions as healthy women and have children of their own" [25].

## Conclusion

Based on the acquired data, we present these fundamental differences between Czech and Romanian women in the incidence of and attitudes about abortion and contraceptive behavior:

- Romanian women undergo abortion in significantly higher numbers.
- Romanian women have significantly less liberal attitudes about abortion.
- Romanian women are less aware of the real possible abortion side effects.
- Romanian women more often use less reliable birth control methods, mainly the so-called natural contraception, while Czech women significantly more often use hormonal contraception.
- The main factors in choosing contraception in Romania are safety and simplicity. In the Czech Republic, the main factors are reliability, contentment, convenience, and doctor's advice.
- Both Czech and Romanian women consider doctors or psychologists to be the most reliable source for information about contraception.

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## Statement of Authorship

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### Category 3

#### (a) Final Approval of the Completed Article

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