

# Preferences of Use and Attitudes Towards Contraceptive Methods Among Peninsula Festival Visitors Tîrgu Mureş 2011

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**Background:** The main objective of the study was to establish the preferences of use and attitudes towards contraceptive methods among women and men aged 14 to 45 years, visitors of the 2011 Peninsula Festival. The objectives of the present analysis were to describe and compare contraceptive use among Romanian women and men, and to investigate the effects of age, education, profession, marital status on contraceptive use.

**Material and method:** The study was carried out as a cross-sectional survey of randomly selected women and men, aged 14–45 years, who participated at the 2011 Peninsula Festival in Tîrgu Mureş, Romania. For data collection anonymous self-evaluation questionnaires were used, completed by a total number of 644 subjects, both males and females.

**Results:** The gender proportion of the sample was: 50.3% femaleS, 49.7% maleS. Mean age was 21.76 years, SD 4.65. The most common method used by all the surveyed visitors were condoms (72.5%), oral contraceptives (19.9%), and withdrawal method (14.9%). Contraceptive methods that are the least used: vasectomy (not used by anyone), female surgical sterilization and hormonal injections (0.2%), female barrier (0.3%), intrauterine device (0.8%). Significant differences were observed among the different age and marital status groups: the condom is the most used method among young adults and teenagers, but the less used method among married subjects.

**Conclusions:** Our results suggest the need for information, education and provision of contraceptive services. An appropriate health education of the population and the need for an adequate level of knowledge regarding different and available contraceptive methods is imperative.

**Keywords:** contraception methods, condom, oral contraceptives, sexual education

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## Introduction

Since 1989, elective abortion has been often used as a replacement for contraception in Romania, due to new liberal policies, widespread acceptability, easy access, and low cost. Romania had the highest abortion rate in Europe during the early 1990s. Since that time, official statistics show that the annual number of abortions has decreased gradually. Despite this reduction, abortion still represents a major method of fertility control in Romania.

In 1994, Romania, along with 178 other countries and numerous civil society organizations, signed the Programme of Action of the International Conference on Population and Development, in Cairo [1].

The Programme of Action acknowledged the need for governments and relevant non-governmental organizations to reduce the need for abortion by offering quality, comprehensive family planning services, and clearly stated that where abortion is legal, it should also be safe. In this context, the Ministry of Health and Family considers sexual and reproductive health a priority and quality family planning and safe pregnancy termination services as primary areas of intervention in its national strategy. Although we do not believe that abortion is the ideal fertility control method, the high number of women who decide

to terminate their unplanned pregnancies require adequate measures to ensure qualitative abortion services. In the demographic context of the country, characterized by a low fertility rate and a negative demographic trend, these interventions must be seen as part of the preventive medical services and as a tool to advance basic human rights regarding reproduction and sexuality [2,3,4].

The main objective of the study was to estimate the current contraceptive use among women and men aged 14 to 45 years, providing an opportunity to expand and update earlier studies of contraceptive use in Romania. The objectives of the present analysis were to describe and compare contraceptive use among Romanian women and men, and to investigate the effects of age, education, work, marital status, and previously induced abortion on contraceptive use.

## Material and methods

The study was carried out as a cross-sectional survey of randomly selected women and men, aged 14–45 years, who participated at the 2011 Peninsula Music Festival in Tîrgu Mureş, Romania.

Sample size: 644 persons, representative for Peninsula Festival visitors (73,000 persons). Fieldwork: August 25–28, 2011.

Maximum sampling error of 3.9% guaranteed with a probability of confidence of 95%.

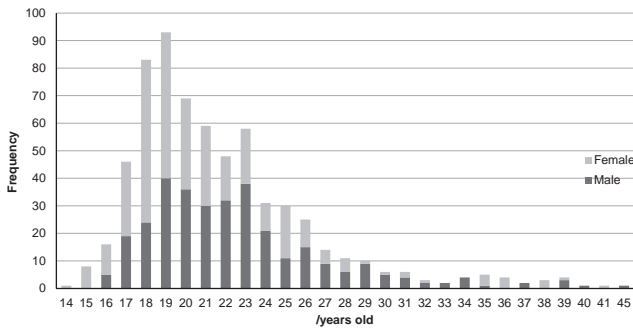


Fig. 1. Age and sex distribution of the sample.

Data collection: anonymous, self-administered, structured questionnaire, based predominantly on closed questions about the usage pattern of various contraceptive methods (among women and men), and the attitudes towards the different contraceptive methods (acceptance motivations, rejection motivations).

Data were analyzed using the statistical software SPSS version 15.0. We calculated proportions and their confidence intervals based on the normal approximation. We performed Chi-square tests to compare the proportions of use of birth control methods among participants. Independent variables were age, marital status, educational level, socio-economic status.

**Results**

Characteristics of the sample: a total of 644 persons were included in the study. Age and gender distribution of the sample are shown in Figure 1. The gender proportion of sample was: 50.3% females, 49.7% males. The mean age of the sample was 21.76 years (SD 4.65 years).

Regarding the origin of the visitors, Figure 2 shows that over 85% of the respondents came from different Romanian cities and a 25% of them were from Tîrgu Mures. Figure 3 presents the distribution of the sample by nationality, and Figure 4 by marital status. A large proportion of the subjects (512, 79,5%) were unmarried with permanent partner.

Figure 5 presents the distribution of the subjects by occupation. More than half of the respondents were students.

Figure 6 presents the education level, while Figure 7 shows overall trends in contraceptive use method by gen-

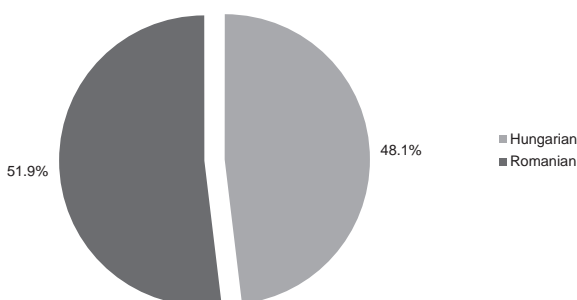


Fig. 3. Nationality distribution of the sample

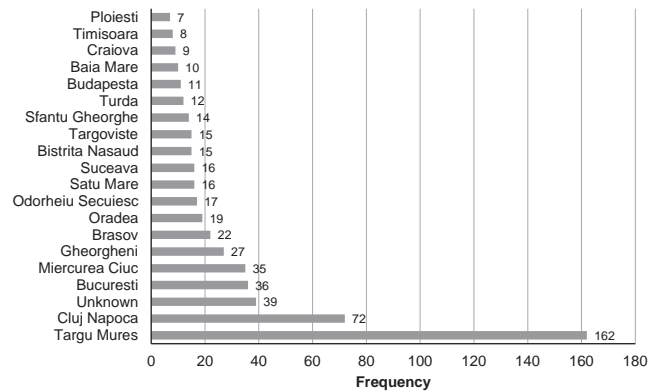


Fig. 2. City distribution (>85% of the sample)

der in the sample. Male condom was used by 72.5% of the sample (male 79.9%, female’s sexual partners 65.7%), oral contraceptive pills were used by 19.9% of the sample (female 29.0%, men’s sexual partners 10.6%), coitus interruptus was used by 14.9% of the sample (male 12.8%, female’s sexual partners 17.9%), rhythm (calendar) method was used by 7.5% of sample (male 7.2%, female 7.7%), emergency contraceptive pills was used by 5.1% of the sample (men’s sexual partners 4.4%, female 5.9%), spermicide gel used by 1.6% of sample (male 1.6%, female 1.5%), intrauterine device used by 0.8% of sample (men’s sexual partners 0.3%, female 1.2%), female condom used by 0.3% of sample (men’s sexual partners 0.6%, female 0%), injectable method used by 0.2% of sample (men’s sexual partners 0.3%, female 0%), female surgical sterilization used by 0.2% of sample (men’s sexual partners 0.3%, female 0%), vasectomy used by 0% of sample. 7% of the subjects did not use any contraceptive method (male 6.9%, female 7.1%), while 3.6% of the subjects chose not to answer the question (male 2.8%, female 4.3%).

Table I. presents the percentage distribution of used contraception methods by demographic and socio-economic characteristics. There were significant variations in contraceptive use method among festival visitors with different demographic and socio-economic characteristics.

The most used contraceptive method used was the condom, in 72.5%. This method was used by 59.5% of the

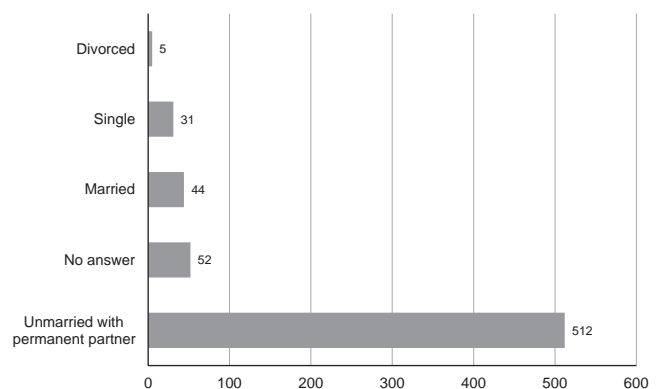


Fig. 4. Marital status distribution of the sample

**Table I.** Percentages of sample who are using contraception methods selected by demographic and socio-economic characteristics

	Male condom	Oral contraceptive pills	Coitus interruptus	Calendar method	Lack of method	Emergency pills	Rejection of answer	Spermicide gel	Intrauterine device	Female condom	Injectable	Female surgical sterilization	Vasectomy
	%	%	%	%	%	%	%	%	%	%	%	%	%
Total	72.5	19.9	14.9	7.5	7	5.1	3.6	1.6	0.8	0.3	0.2	0.2	0.0
Age (years)													
14–17	66.2	9.9	7.0	4.2	22.5	5.6	7.0	0.0	0.0	0.0	0.0	0.0	0.0
18–24	75.1	20.6	13.8	7.0	3.9	5.7	3.4	1.6	0.7	0.5	0.2	0.0	0.0
>25	67.4	22.7	22.7	10.6	9.1	3.0	2.3	2.3	1.5	0.0	0.0	0.0	0.0
Residence													
Urban	73.7	20.7	15.6	8.0	5.9	4.6	3.5	1.3	0.9	0.4	0.2	0.2	0.0
Rural	66.3	15.4	11.5	4.8	12.5	7.7	3.8	2.9	0.0	0.0	0.0	0.0	0.0
Education													
Primary	69.0	16.9	5.6	4.2	16.9	7.0	2.8	0.0	1.4	0.0	0.0	0.0	0.0
High school	71.5	19.7	13.4	7.2	7.2	5.2	4.6	1.3	1.0	0.0	0.0	0.0	0.0
University	75.3	20.9	20.1	8.8	4.6	4.2	1.2	2.1	0.4	0.8	0.0	0.4	0.0
Marital status													
Married	59.5	29.5	11.4	18.2	11.4	2.3	0.0	2.3	2.3	0.0	0.0	0.0	0.0
Single	68.0	20.8	15.7	7.9	5.6	7.3	7.9	1.1	0.0	0.0	0.0	0.0	0.0
Unmarried with partner	77.0	17.8	14.8	6.6	7.1	4.7	1.1	1.6	0.5	0.5	0.3	0.3	0.0
Divorced	80.0	0.0	80.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Occupation													
Student	73.4	17.1	13.9	8.2	7.6	5.0	3.9	1.6	1.1	0.5	0.3	0.3	0.0
Employed	72.4	23.6	15.5	6.9	8.0	4.6	1.1	1.1	0.6	0.0	0.0	0.0	0.0
Self-employed	70.4	25.0	21.4	7.1	3.6	7.1	0.0	3.6	0.0	0.0	0.0	0.0	0.0

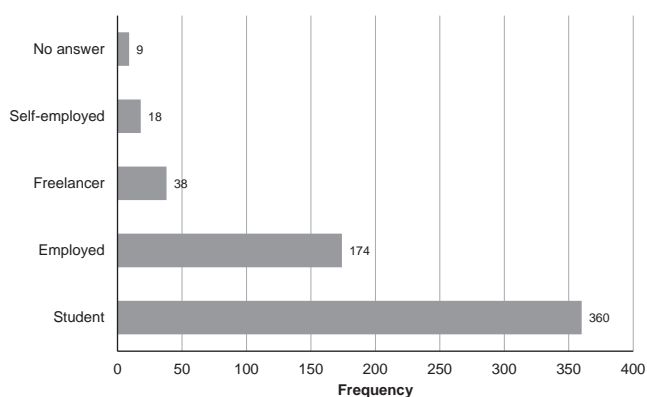
married couples, 67.9% of the singles, 76.3% of the couples and 80% of the divorced persons.

The second most used method were the oral contraceptives in 19.9%. In this group we haven't found any significant differences based on the socio-demographic level.

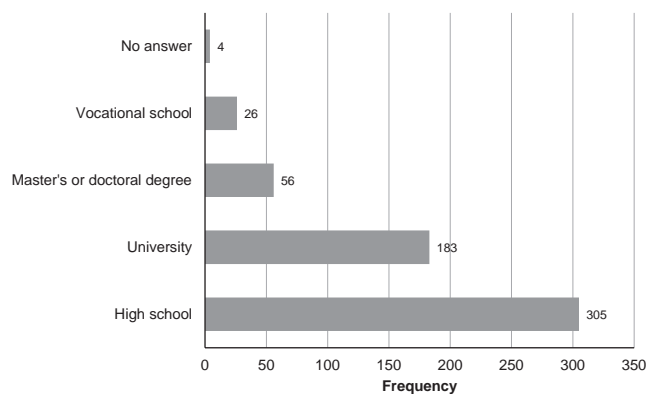
The third most common used method among the studied group was the withdrawal method (14.9%). There were significant differences ( $p < 0.006$ ) in this subgroup analysis. 7% of the under 18 years old subgroup use this method, 13.8% of the 18–25 year subgroup and 22.7% over 25 years old. There were significant differences ( $p < 0.004$ ) regarding the level of education. The withdrawal method was

mostly used by group with college education 20.1%, followed by the high school education group 13.4% and by the primary education group 5.6%. Significant differences were found also regarding the family status subgroup analysis. Withdrawal method was used by the married couples 11.4%, by singles 15.7%, couples living together 14.8% and by the divorced ones 80%.

7.5% of the studied population used the calendar method, with significant differences ( $p < 0.05$ ) regarding the family status: 18.2% of the married couples, 7.9% of the singles, 6.6% of the couples use the method with no use by the divorced one.



**Fig. 5.** Occupational distribution of the sample



**Fig. 6.** Sample distribution by level of education

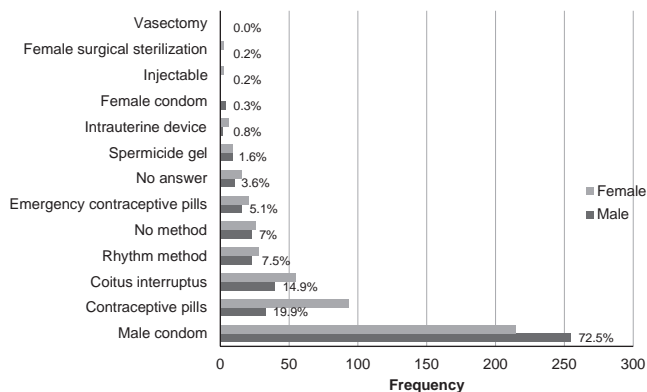


Fig. 7. The most frequently used contraceptive methods in the last 12 months by gender

7% of the respondents did not use any contraceptive method. In this subgroup analysis significant differences were found among the different age categories. 22.5% of the under 18 years, 3.9% of the 18–25 year category and 9.1% of the over 25 years category weren't using any contraceptive method. Significant differences were found also regarding the residence ( $p < 0.05$ ) and education. 12.5% of the rural subgroup and 5.9% of the urban subgroup was not using any contraceptive method. A high rate of the primary school educational group 16.9% did not use any contraceptive method, followed by the high school educational group 7.2% and the college educated group with 4.6%.

The rate of the group using emergency contraceptive pills is low (5.1%), with no significant differences regarding the socio-demographic data.

Spermicide gel (1.6%), intrauterine device (0.8%), female condom (0.3%), injectable (0.2%), female surgical sterilization (0.2%) and vasectomy (0.0%) were the less used contraceptive methods among the studied population.

### Discussions

The use of condoms is the most common used contraceptive method among the studied population, but this fact is not sustained by other similar studies [4,5,6]. This method was chosen by our respondents because it is easy to use (55%), safe (50%) and protects against sexually transmitted diseases (30.1%). In certain Western European countries (Germany, France, Sweden) the most common contraceptive method is oral contraceptives [7,8]. This difference regarding the preferences of use and attitudes towards contraceptives could be due to the difference in the characteristics of the studied population.

The second most used contraceptive method is the oral contraceptive pill. This study revealed that 32.8% of the questioned subjects considered that oral contraceptive pills were unhealthy, 28.7% did not use them because they do not protect against sexually transmitted diseases, 24.4% thought that the method is not safe and 16.1% stated that it is too expensive. Compared to other studies there are

some differences regarding the attitude towards different contraceptive methods.

Although the withdrawal method, the calendar method and the lack of any contraceptive method are not safe and do not provide protection against sexually transmitted diseases, a high rate of the studied population preferred it [9,10,11,12].

### Conclusions

The average age of the studied population was 21.7 years and this category is mostly exposed to sexually transmitted diseases and to unwanted pregnancy.

A high number of the questioned subjects think that oral contraceptives are unhealthy. We can presume that the health education of the youth regarding contraceptive methods is unsatisfactory, which could influence the different attitudes and preference of use towards contraception.

Based on these facts, we think that continuous health and sexual education among the youth, has to have an important role. Summer festivals and different recreational events are a great opportunity for more open, free and sometimes even playful informing activities.

We also consider extremely important the participation of different professionals on these events: doctors, psychologists, sociologists, thus providing the direct and more precise information flow and the custom counseling.

The recreational programs represent a great opportunity to engage different social groups and they allow the promotion of family planning programs by skilled professionals and also by well trained volunteers.

Last but not least, professionals can clarify the participants' thinking and problems, and also they can take new ideas in developing health educational programs.

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