Framework

Traditional inefficient contraception, incorporated to a large extent in the system of values, has become a natural part of sexual relations in Serbia and represents a rational preventive choice from the individual standpoint. However, when pregnancy is unwanted or cannot be accepted out of any grounds, abortion is used as a resort. For this reason there is a long history of a large number of abortions. Research findings in our country identify the following, as the most important factors for not accepting modern values in this sphere: traditional contraception and abortion have a firm social confirmation; there is a trans-generational transfer of psychological resistance towards the use of combined oral contraception and intrauterine devices; sexual education has never become a natural way of growing up in the family, nor is a constituent part of school programs and distinct obstacles of various nature exist regarding contraception availability.

Objective and method

Developed network of various types of family planning counseling is an important determinant of the accessibility of contraceptive means and methods. There are, however, numerous conditions which have to be fulfilled in order to enable the proper functioning of the contraception counseling services. Among them, motivated personnel who have general and specific knowledge for work in this field are the crucial prerequisite. This theoretical assumption opens the question – whether gynaecologists contribute to slow transition of birth control in Serbia? We searched for the answer in the research analyses obtained through two in-depth surveys which either had to do with this theme or tried to determine the knowledge, attitudes and practice of gynaecologists. The first research, regarding the determination of the causes for a large number of abortions in our country, was directed towards four hundred women who decided on abortion. It was based on face to face interterviews which were done on the day of fixing in advance the date of abortion. It was estimated that the sample satisfied the demands of representative quality. The size of the sample and the results on basic demographic structures gained by means of the sample and of the current statistics of abortions proves that especially. Gynaecologists were the target group in the second research. A questionnaire was sent to the 1,139 members of the Gynaecology and Obstetrics Section of the Serbian Medical Society. Questions were asked on professional characteristics, personal experience with different birth control methods, knowledge, attitudes and practice with regard to the provision of contraceptive guidance. Forms were returned on an anonymous basis.

Main Results

Women and contraception counseling centers

One of the questions sent to women who had decided to have an abortion referred to naming the most important factor for realizing a successful contact with a contraception counseling center. The topic opened the surveyed women, because it was believed that most women were aware that a problem exists in the relation she–counseling centre. Almost half of the surveyed women (45.0%) emphasized the characteristics and behaviour of the gynaecologist whom they encountered in the contraception counseling center as the most important factor for a successful contact. The differences in valuing this factor among the surveyed women up to the age 29 and those 30 and over were small (47.6% against 42.3%). Adverse personal experience pervaded as a reply to the set question through the tone, contemplation and method of standpoint formulation. The expertise of the gynaecologist is not as important as the fact that the women primarily long for a conversation. A conversation which is informative, open, two-way, warm. A conversation which would be directed towards them, as special individuals, their problems, fears,

values, instead of a formal contact with a gynaecologist. Or, as one surveyed women said (housewife, 24, three abortions in anamnesis): “A gynaecologist who wants to talk and explain everything and not just look into the file and through the patient”. In addition, 31.2 per cent of the women underlined poor organization of the service in the contraceptive guidance centers, such as long waiting times and being forced to stand for long periods, as the reason why they disliked attending them. Eighteen per cent of them would have preferred to see a woman gynaecologist, yet this choice was not offered. Only 5.5 per cent of the women felt that their problems in deciding to use and obtaining modern contraceptive methods are lay with them rather than with the contraceptive counseling centers.

Gynaecologists and modern family planning concept

A great proportion of surveyed gynaecologists have had conservative birth control model and inadequate competence to provide contraceptive counseling. Specifically, 61.8% of them reported that they or their partners had had one or more induced abortions and 37.6% applied coitus interruptus or no contraceptive measure at all for the longest period of time. Also, 51.0% of respondents were unwilling to prescribe combined oral contraceptives to girls younger than 18 years and 76.5% advised women against the use of combined oral contraceptives as long as they wanted. The irrational concerns about the health risks of contraception were identified. The contraceptive needs of women aged 20 and over were particularly neglected by the fact that 75.5% of respondents thought that intrauterine devices were unsafe for women with benign, non infectious cervical lesions. The legalization of voluntary sterilization was acceptable for only 51.0% of the respondents. Encouraging is that the majority of respondents (70.9%) were convinced that they could significantly contribute in solving the abortion problem in Serbia. The important result is that the spread of information about modern contraception was more often considered to be the most effective approach to reduce the number of induced abortions in Serbia, than confronting women with the harmful effects of termination of pregnancy or refusing to perform an abortion (67.3%, 28.8% and 3.9%, respectively). The differences between gynaecologists working on various health care levels were not found in relation to personal birth control model and competence with regard to provision of contraceptive guidance.

Conclusions

The results of both researches clearly indicate that gynaecologists, generally observed, contribute to maintaining the abortion culture and slow transition of birth control from the use of traditional contraception to reliance on modern contraception means and methods in Serbia. Namely, a significant number of gynaecologists in our country are at variance with the principals of modern family planning. Their knowledge, attitudes and practice relevant for individual contraceptive choices are insufficient, conservative, and inadequate. Thus, there is a necessity for special education of doctors, especially gynaecologists, at all levels from the basic studies, through specialists ones, to special target courses, seminars, symposiums and conferences. Knowledge acquisition, as the basic element of consciousness, can affect formation of standpoints, motivation, promote responsibility and create the requirement for promoting a different system of values and philosophy of living in the sphere of reproductive health.