

THE INFLUENCE OF EDUCATION LEVEL ON FAMILY PLANNING

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Summary. *Family planning is part of the entire demographic and population policy of each country and the planet as a whole. The aim of our study was to assess the influence of education level on the state of knowledge about contraception and family planning and the methods used for family planning. The study included 1,584 women, aged 15-49, living in the Municipality of Niš: 98 with primary education, 1,088 with secondary education, and 398 with a higher degree. Most of the interviewees with a higher degree gave the best definition of contraception. Most of the interviewees reported that their source of information about contraception were newspapers and electronic media. The interviewees mostly choose a condom as the most efficient method of contraception. One third of the women with primary education estimate their knowledge as unsatisfactory, which makes the highest percentage. The women with primary education use less protection from unwanted pregnancy than women with secondary and higher degree. The greatest number of women who choose traditional methods of contraception comes from the group of interviewees with primary education. The interviewees who use contraception mostly choose the method by themselves, without consulting a professional. The greatest number of interviewees with intentionally interrupted pregnancies has primary education. The state of knowledge about contraception, family planning, and methods for family planning in women with primary education is not satisfactory.*

Key words: *Women, family planning, contraception, education level*

Introduction

Family planning, in its basic meaning, is defined as a number of methods and procedures intended to influence the number of pregnancies and timeframe between them (1). Family planning, in its broader meaning, is part of the entire demographical and population policy of each country and the planet as a whole. In almost every surroundings, the objectives of family planning commonly highlighted include unwanted pregnancy prevention, extensive population growth reduction, and health improvement of women, children and population as a whole.

The use of methods for family planning reduces maternal mortality, prevents unwanted and highly risky pregnancies and the need for (un)safe abortions, and provides protection from sexually transmitted diseases. More than 500,000 women die every year due to pregnancy-related problems (2). According to WHO, approximately 120 million couples in the world do not use contraception and 300 million are not satisfied with the method applied (3).

There are more than 80 million unwanted pregnancies registered in the world annually and more than half of them end with abortion. There are 78,000 women who die each year due to the consequences of jeopardized abortion. This number may decrease with family planning (4).

The lowest reported rate of abortion in Europe is in Germany – 8, while the highest is in Ukraine – 45.4 in 1,000 women. In England, the abortion rate in 2004 was 17.8 in 1,000 women, aged 15-44 (in 1990 the rate was 15), and in the USA the rate was 16 in 2001 (5).

Of particular concern is the fact that a great number of abortions is met amongst adolescents, accounting for 1-1.4 million interrupted adolescent pregnancies per year in the world (6).

The issue of unwanted pregnancies, where a majority is ended with abortion, is present in our country, too. Observing the number of women of the generative period in 1989 (the last year of a reliable registration), abortions had their highest rate in central Serbia (95.1 in 1,000 women of the generative age), then in Vojvodina (74.1), Montenegro (48.4) and Kosovo and Metohia (24.1) (7).

The Objective of the study was to assess the influence of education level on the state of knowledge about contraception, family planning, and the methods used for family planning in women of the generative period.

Method of the Study

General methodological procedure: We applied an observational cohort study as the fundamental method in the assessment of the problem.

Sample: the study included 1,584 women, aged 15-49, who live in the Municipality of Nis: 98 with primary education, 1,088 with secondary education and 398 with a higher degree. The interviewees were selected according to the random sampling method.

Study instruments: Data were collected via opinion poll examination, which took place in the Municipality of Nis, from February to September 2002.

In order to test the established scientific hypotheses, we applied the statistical method of quantitative analysis. In analyzing data, we used the standard statistical parameters (arithmetical medium – \bar{X} , standard deviation – SD, structure index – %). Pearson Chi-Squared and Fisher exact test were performed (when at least one expected frequency was less than 5). Values of $p < 0.05$ were considered significant. A statistical calculator was used for data processing, within the Epi Info program (Ver 6.04).

Results

1. The influence of education level on the knowledge of the concept of contraception

The greatest number of interviewees 1,177 (74.3%) defines contraception as protection from unplanned pregnancy. Only 305 (19.3%) know that this is the method for family planning, and 102 (6.4%) define contraception as unplanned pregnancy. Most of the interviewees with a higher degree gave the best definition of contraception (29.9% defined it as the method for family planning), while 16.3% of the women with primary education and 15.6% of the women with secondary education gave such a definition. Even 25.5% of the women with primary education are of the opinion that contraception is unwanted pregnancy (Table 1).

Therefore, there is a statistically significant difference in the knowledge about contraception between the

interviewees with different levels of education - the greatest difference is observed between the interviewees with primary education and higher education degree ($\chi^2 = 57.0$; $p < 0.00001$).

2. The influence of education level on the source of information about contraception

Most of the interviewees reported that their source of information about contraception were newspapers and electronic media 453 (28.6%) and then school 343 (21.6%). A total of 275 (17.4%) had several sources of information: doctors were a source to 164 (10.3%), parents to 128 (8.1%), friends and relatives to 134 (8.5%) and partners to 87 (5.5%).

Most of the interviewees with primary education (19.4%) were informed from their partner, while newspapers and electronic media were prevalent sources for the women with secondary education (28.1%), as well as for the interviewees with a higher degree (32.4%) (Table 2).

There is a statistically significant difference between the interviewees with different levels of education with respect to the source of information about contraception. The greatest difference was found between the interviewees with primary and higher education ($\chi^2 = 69.4$; $p < 0.000001$).

3. The influence of education level on the opinion about the most efficient method of contraception

A total of 585 (39.2%) of the interviewees think that a condom is the most efficient method of contraception, 346 (23.2%) think it is pills, 313 (21%) spiral, 153 (10.3%) interrupted coitus, 87 (5.8%) the calendar of fertile days, and 8 (0.5%) choose local contraceptive means. The interviewees with a higher degree mostly choose a condom as the most efficient method of con-

Table 1. Knowledge about the concept of contraception according to the education level

"Contraception"	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Unplanned pregnancy	25	25.5	64	5.9	13	3.3	102	6.4
Protection from unplanned pregnancy	57	58.2	854	78.5	266	66.8	1,177	74.3
Method for family planning	16	16.3	170	15.6	119	29.9	305	19.3
Total	98	100.0	1,088	100.0	398	100.0	1,584	100.0

Table 2. The source of information about contraception according to the education level

Source of information	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Parents	11	11.2	81	7.4	36	9.0	128	8.1
School	10	10.2	244	22.4	89	22.4	343	21.6
Doctors	18	18.4	101	9.3	45	11.3	164	10.3
Partner	19	19.4	63	5.8	5	1.3	87	5.5
Friends and relatives	9	9.2	99	9.7	26	6.5	134	8.5
Newspapers and electronic media	18	18.4	306	28.1	129	32.4	453	28.6
Several sources	13	13.3	194	17.8	68	17.1	275	17.4
Total	98	100.0	1,088	100.0	398	100.0	1,584	100.0

trapection (44.6%). This method, although at a lower percentage, is chosen by the interviewees with secondary education (42.2%) and, even less frequently, by those with primary education (26.7%). It needs to be mentioned that 20.9% of the women with primary education chose the interrupted coitus as the most efficient method, which is different from what other interviewees chose (Table 3).

There is a statistically significant difference between the women with primary and secondary education with respect to the opinion about the most efficient method of contraception ($\chi^2 = 20.9$; $p < 0.0001$), as 61.2% of the interviewees with primary education and 80.7% of the interviewees with secondary education give priority to modern methods of contraception. Furthermore, there is a statistically significant difference between the women with primary and higher education ($\chi^2 = 8.2$; $p < 0.005$), as 78.9% of the interviewees with higher level of education think that modern methods of contraception are the most efficient ones.

4. The influence of education level on the estimation of personal knowledge about contraception

Most of the interviewees, 1,406 (88.8%), estimate their knowledge about contraception as satisfactory. Only 178 (11.2%) think that their knowledge is not satisfactory. 36.7% of the women with primary education estimate their knowledge as unsatisfactory, which makes the highest percentage. On the other side, only 10.5% of

the interviewees with secondary education and 7.0% of the interviewees with higher education estimate their knowledge as unsatisfactory (Table 4).

There is a statistically significant difference between the women with primary and secondary education with respect to the estimation of their personal knowledge about contraception ($\chi^2 = 56.1$; $p < 0.00001$) and between the women with primary and higher level of education ($\chi^2 = 61.6$; $p < 0.00001$).

5. The influence of education level on the use of protection from unwanted pregnancy

A total of 1,210 (81.9%) of the interviewees who have sexual relations protect themselves from unwanted pregnancy permanently or occasionally, while 267 (18.1%) of the interviewees do not use protection. The women with primary education use less protection from unwanted pregnancy than the women with secondary and higher education. Apparently, 33.3% of the women with primary education do not use any method of protection from unwanted pregnancy, 17.7% of the women with secondary education do not use contraception, and 15.4% of the women with higher level of education (Table 5).

There is a statistically significant difference in the use of protection from unwanted pregnancy between the women with primary and secondary education ($\chi^2 = 18.5$; $p < 0.0005$) and between the women with primary and higher level of education ($\chi^2 = 7$; $p < 0.01$).

Table 3. Opinion about the most efficient method of contraception according to the education level

Method of contraception	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Calendar of fertile days	8	9.3	55	5.3	24	8.4	87	5.8
Interrupted coition	18	20.9	96	9.3	39	13.6	153	10.3
Pills	19	22.1	224	21.8	103	4.5	346	23.2
Spiral	18	20.9	212	2.6	83	28.9	313	21.0
Condom	23	26.7	434	42.2	128	44.6	585	39.2
Local contraceptive means	0	0.0	8	0.8	0	0.0	8	0.5
Total	86	100.0	1,029	100.0	377	100.0	1,492	100.0

Table 4. Estimation of personal knowledge about contraception according to the education level

Personal knowledge	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Unsatisfactory	36	36.7	114	10.5	28	7.0	178	11.2
Satisfactory	62	63.3	974	89.5	370	93.0	1,406	88.8
Total	98	100.0	1,088	100.0	398	100.0	1,584	100.0

Table 5. The use of protection from unwanted pregnancy according to the education level

The use of protection	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Use protection	62	66.7	819	82.3	329	84.6	1,210	81.9
Do not use protection	31	33.3	176	17.7	60	15.4	267	18.1
Total	93	100.0	995	100.0	389	100.0	1,477	100.0

6. The influence of education level on the selection of contraception method

Among women who use contraceptive protection, 701 (57.9%) use traditional (unsafe) methods of contraception (32.8% – interrupted coitus, 25.1% – the calendar of fertile days), while 510 (42.1%) use modern ways (23.6% – condom, 9.7% – contraceptive pills, 8.2% – intra uterus spirals, and 0.6% - other methods).

The greatest number of women who chose traditional methods of contraception comes from the group of the interviewees with primary education (73%). The women with secondary education use this type of methods least (56%), while 59.6% of the women with higher level of education use such methods (Table 6).

There is a statistically significant difference in the selection of method for contraception between the women with primary and secondary education ($\chi^2 = 6$; $p < 0.05$) and between the women with primary and higher education ($\chi^2 = 4$; $p < 0.05$).

7. The influence of education level on accepting the advice about contraception

The interviewees who use contraception mostly choose a method by themselves, without consulting a professional – 641 (52.9%). Only 297 (24.5%) ask for a doctor's advice, 187 (15.4%) talk to their husband (partner), and 86 (7.2%) of the interviewees accept the advice from others (friends, relatives, etc.). A total of 57.1% interviewees with a higher degree, 52.3% interviewees with secondary education and 39.7% inter-

viewees with primary education make the decision about contraception on their own. The husband (partner) is consulted mostly by the interviewees with primary education (30.2%), while only 9.4% of the interviewees with higher education do this (Table 7).

There is a statistically significant difference in the acceptance of the advice about contraception between the interviewees with primary education and a higher degree ($\chi^2 = 21$; $p < 0.0005$) and between the interviewees with secondary and higher level of education ($\chi^2 = 10$; $p < 0.05$).

8. The influence of education level on consulting the gynecologist about family planning

Most of the interviewees 865 (71.4%) do not consult the gynecologist about family planning. 225 (18.6%) do it occasionally and 121 (10%) do it regularly. 13.1% of the women with college education, 8.8% of the women with secondary education and 9.5% with primary education consult the gynecologist about family planning on a regular basis (Table 8).

There is a statistically significant difference in family planning consultations with the gynecologist between the women with secondary and higher level of education ($\chi^2 = 10.9$; $p < 0.005$).

9. The influence of education level on intentionally interrupted pregnancies

A total of 433 (29.3%) interviewees have had intentionally interrupted pregnancies, while 1,044 (70.7%) of

Table 6. Selection of contraception method according to the education level

Methods of contraception	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Traditional	46	73.0	459	56.0	196	59.6	701	57.9
Modern	17	27.0	360	44.0	133	40.4	510	42.1
Total	63	100.0	819	100.0	329	100.0	1,211	100.0

Table 7. Accepting the advice about contraception according to the education level

Acceptance of the advice	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Doctor	15	23.8	197	24.0	85	25.8	297	24.5
Husband (partner)	19	30.2	137	16.7	31	9.4	187	15.4
On their own will	25	39.7	428	52.3	188	57.1	641	52.9
From others	4	6.3	57	7.0	25	7.6	86	7.1
Total	63	100.0	819	100.0	329	100.0	1,211	100.0

Table 8. Consulting the gynecologist about family planning according to the education level

Consulting the gynecologist	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
Regularly	6	9.5	72	8.8	43	13.1	121	10.0
Occasionally	14	22.2	138	16.8	73	22.2	225	18.6
Do not consult	43	68.3	609	74.4	213	64.7	865	71.4
Total	63	100.0	819	100.0	329	100.0	1,211	100.0

Table 9. Intentionally interrupted pregnancies according to the education level

Intentionally interrupted pregnancies	Education level						In total	
	Primary		Secondary		Higher		N	%
	N	%	N	%	N	%		
No	56	60.2	733	73.7	255	65.6	1,044	70.7
Yes	37	39.8	262	26.3	134	34.4	433	29.3
Total	93	100.0	995	100.0	389	100.0	1,477	100.0

the interviewees who have sexual relations have not. On average, each interviewee who has had her pregnancy intentionally interrupted has 1.9 abortions (SD=1.41).

The greatest number of the interviewees with intentionally interrupted pregnancies has primary education (39.8%), then – higher education (34.4%) and 26.3% are with secondary education (Table 9).

There is a statistically significant difference in the application of intentionally interrupted pregnancies between the interviewees with primary and secondary education ($\chi^2 = 7.7$; $p < 0.01$) and between the interviewees with primary education and higher degree ($\chi^2 = 9$; $p < 0.005$).

Discussion

The interviewees' knowledge about family planning and methods of contraception is not satisfactory. Higher educated interviewees were better informed than the interviewees with primary education.

WHO studies have shown that women in many underdeveloped countries do not have enough knowledge about contraception. Hence, women in Tanzania know almost nothing about contraception and in Nigeria only 34% women have ever heard about contraception, while only 21% know about modern methods of contraception – the best known is a condom, then oral pills and an intra-uterus spiral (6). A study undertaken in central Serbia, Vojvodina and Kosovo (8) has shown that 59% of women in central Serbia, 61% in Vojvodina and 44% in Kosovo were able to define contraception as the method for prevention of unwanted pregnancy. Different results were obtained in a study undertaken in the Municipality of Nis (9), where 62.9% of women aged 16-59 have not heard about contraception. The higher the level of education, the higher the level of knowledge about contraception.

Women from underdeveloped countries, such as Malawi, receive the basic information about contraception from health professionals when they come to hospital for any reason (10). A study of 5,338 married women from poor parts of six biggest cities in Pakistan showed that, due to education undertaken in the clinics for family planning, there was an increase of 5% in the knowledge about the methods for family planning, increase of 15% in the knowledge about sterilization and increase of 7% in the knowledge about the intra-uterus spiral (11). A study of women from Belgrade (12) showed that ¼ of the interviewees got the information about sexual life and contraception from their parents:

such issues were rarely discussed at home in 25.2% cases, occasionally in 24.4% and often – only in 9.6%. Most of the interviewees who got the information from their parents were older and were of a higher education level.

Most of the interviewees think that a condom is the most efficient method of contraception.

Knowledge about the efficiency and the effect of contraceptive means is very poor in some countries. Hence, in Turkey, according to the WHO report, there is a very small use of oral hormonal contraception due to the belief that such contraception causes damage to the liver and the kidney and provokes cancer (13). In one study undertaken in Great Britain, 63% women reported that their decision on the contraceptive method was not influenced by the information about HIV or other sexually transmitted infections. However, 27% women make their decision about the contraceptive method under the influence of such information (14). In most of the developed countries, women, especially young ones, are well informed about contraception. Hence, according to one study in the USA (15), there are 59% of adolescents visiting 79 clinics for family planning who apply one of the modern methods of contraception. Approximately 6% does not use contraception, but they go to a clinic in order to obtain the information about contraception.

Four fifths of the interviewees protect themselves from unwanted pregnancy, most of them with higher education.

According to WHO data, the use of contraception increased from 9% (40 years ago) to 60% (3). A study undertaken among 4,877 adolescents in the USA aged 15-19 showed that 57% regularly use contraception, 16% occasionally, while 27% do not use contraception (16). There has been an increase in contraception use and decrease in abortion rate in Uzbekistan since 1991 (17). In Vietnam, 65% of married women, aged 15-49, use contraception (Van Phai N *et al.* 1996). There is a reported increase in contraception use and decrease in fertility, the number of unwanted pregnancies and abortions in this country (18). A study undertaken in Serbia (8) showed that only 15.9% of women in Serbia were using contraception, while another study in the Municipality of Nis (9) showed that approximately two thirds of interviewees (67.1%) were using some form of protection from unwanted pregnancy.

A little more than half of the interviewees who protect themselves from unwanted pregnancy use traditional methods of contraception. The higher percentage of those who use modern methods is among the interviewees with higher level of education.

The number of younger women (15-29 years of age) in the world who use modern methods of contraception oscillates between 8% and 62%. Those who use traditional methods range between 3% and 18% (19). Among 1,526 adolescents who go to 79 clinics for family planning in the USA, 13% use the rhythm method or interrupted coitus, 6% do not use contraception (15). In Lebanon, 8% of women use a condom regularly and 24% - occasionally (20). There was a strategy undertaken in South Africa for the promotion of condoms among the young, because only 14% of men and 17% of women used condoms (21). Approximately 53% of British women 16-49 years of age use contraception. Contraceptive pills (25%) and male condoms (22%) are mostly used. Younger women usually use a combination of these two methods (13). The percentage of women in Great Britain who use urgent hormonal contraception, irrespective of the availability, was 7.2 in 2002 (22). In Cuba and Korea, sterilization and abortion are the two most prevalent methods for family planning (23). A study in the Republic of Serbia (8) showed that 67.1% of interviewees used traditional methods of contraception. Oral contraception is used by 28.4%. Only 1.8% interviewees used an intra uterus spiral. A study in the Municipality of Nis (9) showed that 22.2% used safe methods (these are all women with higher education) and unsafe – 74.8%. The most usual method is interrupted coitus (69.6%).

More than half of the interviewees make the decision on the use of contraception by themselves.

In some countries, women are not independent in making the decision about the use of contraception. Thus, in Turkey, the husband makes the decision and this is why interrupted coitus is the most used contraceptive method (2). A study of 2,000 women, who go to family planning services in Nigeria, showed that the choice of the contraception method is mostly influenced by friends and relatives (24). In Indonesia and Bangladesh, between 1999 and 2003, health officials trained 1,850 volunteers in 650 villages for the promotion of family planning. Due to their work, there was an increase in the use of contraception by 78% (25).

Most of the interviewees do not consult the gynecologist about family planning.

A study in India, Pakistan and Bangladesh showed that employed women more often consult their doctor about family planning than unemployed (26). Women in underdeveloped countries like Malawi receive the basic information about contraception from doctors when they go to hospital for whatever reason (10). A study of

5,338 married women from poor parts of 6 biggest cities in Pakistan showed that, due to education undertaken in clinics for family planning, there was an increase in the use of sterilization by 8% and a decrease in the use of condoms by 7% (11).

Nearly 1/3 of the interviewees had intentionally interrupted pregnancies. The greatest number of the interviewees with intentionally interrupted pregnancies had primary education.

In England, in 2004, the abortion rate was 17.8% in 1,000 women aged 15-44 (in 1990 it was 15) and in the USA the 2001 rate was 16. The lowest abortion rate is reported in Germany – 8, and the highest – in Ukraine – 45.4 in 1,000 women (5). In 2000 in Philippines, the abortion rate was 27 in 1,000 women aged 15-44. The highest rate was in Manila, where it was 41 in 1994 and it increased to 52 in 2000. Furthermore, 12% of maternal death rate comes as a result of an illegal abortion (27). A study in the Republic of Serbia (8) showed that 58.9% of women had intentional miscarriages. A study in the Municipality of Nis (9) showed that 60.5% of women had intentional miscarriages.

Conclusion

The higher educated interviewees were better informed than the interviewees with primary education, because they more often exhibit the opinion that modern means of contraception are more efficient than traditional ones. Four fifths of the interviewees protect themselves from unwanted pregnancy, the higher percentage of them having higher education. A little more than half of the interviewees who protect themselves from unwanted pregnancy use traditional methods of contraception. More of the interviewees with higher education chose modern methods. More than half of the interviewees make the decision on the use of contraception by themselves, without consulting the doctor or the husband (partner). Only one fourth of the interviewees consult the doctor. This way of contraceptive protection results in a relatively big number of abortions (one third of the interviewees), which are most common in uneducated women.

Therefore, it is necessary to promptly begin the promotion of the use of modern methods for family planning in order to prevent the occurrence of unwanted pregnancies, reduce the number of abortions, and preserve the reproductive health of women.

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UTICAJ NIVOVA OBRAZOVANJA NA PLANIRANJE PORODICE

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Kratka sadržaj: Planiranje porodice predstavlja deo ukupne demografske i populacione politike svake zemlje pa i planete u celini. Cilj istraživanja je sagledavanje uticaja nivoa obrazovanja na znanje o planiranju porodice i korišćenje metoda za planiranje porodice. Istraživanjem je obuhvaćeno 1584 žena starosti 15-49 godina koje žive na teritoriji opštine Niš i to: 98 sa nižom stručnom spremom, 1088 sa srednjom i 398 sa višom i visokom stručnom spremom. Pojam kontracepcije najbolje definišu ispitanice sa višom i visokom školom. Kao izvor znanja o kontracepciji najveći broj ispitanica navodi novine i medije. Ispitanice su se u najvećem broju opredelile za kondom kao najefikasnije kontraceptivno sredstvo. Kao nedovoljno, svoje znanje u najvećem procentu ocenjuju žene sa niskom stručnom spremom. Zaštitu od neželjene trudnoće, žene sa niskom stručnom spremom koriste mnogo manje nego žene sa srednjom i visokom. Za korišćenje tradicionalnih metoda kontracepcije odlučio se najveći broj ispitanica sa nižom stručnom spremom. Ispitanice koje koriste kontracepciju se za određen metod uglavnom odlučuju svojevotjno, bez konsultacije sa drugima. Namerne prekide trudnoće imalo je najviše ispitanica sa nižom stručnom spremom. Znanje o planiranju porodice i korišćenje metoda za planiranje porodice kod žena sa nižim obrazovanjem je nezadovoljavajuće.

Ključne reči: *Žene, planiranje porodice, kontracepcija, nivo obrazovanja*