

Abortion and Contraception Behavior in Macedonia: Discourse and Reasons

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Introduction

Abortion and contraceptive behavior in developing countries⁴

In the countries of Eastern European region and Soviet Union the abortion rates have declined considerably during the last two decades, but the rates remain still high in comparisons with other regions in Europe. Whereas the lowest abortion rate per 1000 women in Western Europe was 0.4 (in millions), in the countries of Eastern Europe the abortion rate was 4.2 in 2003 (Guttmacher Institute, 2012). In the South East Europe (SEE) abortion rates are unchanged since 2003 (0.6). The abortion ratio (the number of abortions for every 100 live births) was highest in Eastern Europe (105 per 100 live births) as a result of high incidence of abortion and low fertility rates (Guttmacher, Institute, 2007).

Likewise, the abortion is common birth control method in Macedonia, with an official induced abortion rate of 20.5 among women ages 15-49. The abortion ratio is high to 250.7 per 1000 live births (World Population Data, 2008). Many women use abortion as their primary method of family planning and repeat abortion is a frequent occurrence, with over half of women from one minority Roma community reporting more than one abortion in a recent study (Horga M. 2006; OSI, 2008).

Besides that, data on contraceptive use shows that Macedonia has the lowest prevalence rate in Europe (UN Contraceptive Use, 2009): only 13.5 per cent of married women/women in union reported using any contraceptive method in 2005-2006. In 2005 only 28.7 per cent of married women/women in union have their contraceptive demand satisfied, and unmet need for contraception among them was 34 per cent (Statistical Office Macedonia, 2007). Yet the fertility rate is only 1.4 children per woman (World Bank, 2009). This indicates that Macedonian women are regulating their fertility somehow and recent publications concluded that abortion represents the most widely used contraceptive method in Macedonia (UN Population Division, 2009, Statistical Office Macedonia, 2007).

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⁴ According to the classification from [International Monetary Fund](#) (IMF) before April 2004, all the countries of [Eastern Europe](#) were not included under either developed or developing regions, but rather were referred to as "countries in transition"; however they are now widely regarded (in the international reports) as "developing countries."

However, with introduction of the private health care practice since 2005, abortions performed in the private health care institutions remain unregistered and, consequently underreported. Though in the same line, there is a problem of inadequacy of the existing records that is also associated with the fact that the statistics gives little evidence on the geographic distribution in rural and urban areas, similarly with the trends among various ethnic groups (Tozia F. 2008).

The existing literature summarizes as chief reasons for choosing the abortion as a main fertility control method can be attributed due to problems in their marriage, employed women fearing they might lose their job because of pregnancy, poor women as well as women who are economically dependent on their partners. Furthermore, also the perceptions and attitudes from the health care workers and gynecologists in Macedonia are very liberal and inferior towards abortion practice. They consider the abortion as a routine procedure that is not very perilous medical procedure for women's health (UNFPA, 2008).

A number of studies indicate the adequate counselling from the gynaecologists and family planning services for contraceptive use are scarce (UNFPA 2008; Delva,W. 2007; Colombini, M, 2011). These studies also have their limitations. First, these studies cover relatively big number of regional countries that provide limited details and description of abortion and contraceptive behaviour. The description differs relatively by country and missing out on the important reasons and factors contributing for abortion and contraceptive behaviour. Second, a more important problem is lacking of accurate reported data about abortion and contraceptive use with not too details. Case studies are also rare and with an old evidence. Cross-national comparisons are too rudimentary.

Therefore, it is obvious the fact that main reasons and motives for having abortion among the women are partially studied.

While in many recent publications (Prager SW et al. 2007; Zhu JL, 2009; C. Schunmann, 2006) the focus is mainly on consequences of abortions where is limited by law and unsafe, an important gap is that there is limited data on social attitudes, knowledge and beliefs about abortion.

Relevance of the research

This project's chief objective is to understand the main reasons for choosing an abortion over contraception and how decision about having an abortion has been made. I aim to meet that objective by deliberately focusing on the individual's behaviour (women) is influenced by contextual characteristics. This study aims to advance upon earlier research in three different ways. I aim to advance on the question that will be used in the field study, on the theoretical perspectives to explain the patterns, and on both data and methods that will used to describe the casual mechanisms.

Given the societal relevance of the abortion and contraception, and given the relevance of abortion for women's reproductive health, the reasons for choosing an abortion over contraception means and the process of decision-making are not examined enough. A wide range of studies is focusing on quantitative measures and associations about abortion among the women in CEE. In this project, I will set out to investigate what are main perceptions about abortion as a main birth control method with focusing on individual actors and explicitly addressing questions on contextual circumstances affect reproductive behaviour.

Having the objectives of this research, the main approach of this study will be qualitative. Following the model of (Ajzen and Fishbein, 1980) beliefs and attitudes about the abortion and contraceptive behaviour of respondents will be needed. This research will not just document, but also understand the concepts such as discourse, power relations, from perspective of women, focusing on social and contextual factors that shape their behaviour and actions.

The current paradigm in abortion and contraceptive behaviour

In this study, I address all raised questions by applying a gender (feminist) lens in examining the behaviour, focusing on power relations (gender norms), perceptions about abortion, sex preferences and barriers to women's use of contraception. Through this research I will attempt to show how the focus to gender barriers, traditional values can shape their reproductive behaviour, particularly their personal choice for fertility control. Going forward, the pathway of gender inequalities are embedded in a set of broader contextual factor, including social, economic and political conditions that form the desire for children and options not only for women but for couples in one society (Sills. J at all, 2012). These broader conditions can include availability and accessibility of contraceptive and abortion services, policy environment and infrastructure of the health care services, community-level measures of family systems, religion and ethnicity female participation at work etc (Malhotra A, 2005).

I conceive of women's abortion and reproductive behaviour at three levels (objectives) that are interconnected as a continuum.

The first objective will give what are the main views and opinions among the women from various ethnic groups about the abortion and contraception. Moreover, this objective can examine a different group (men) about the abortion and contraception and their perceptions about contraception behaviour.

The second objective will focus on contextual formations toward abortion and reproductive health and their influence on reproductive behaviour. For example, women may not familiar enough about the contraceptive availability because of various barriers as education, access to information, traditional values etc that are present in one community.

The third objective will map the process of decision-making in relation to abortion and contraceptive behaviour. While this objective interacts in particular with gender lens, women's personal perceptions and social circumstances are essential in shaping the reproductive behaviour and seeking for motivation for reproductive control. Generally, I will depict the power relations, subjective norms and self-efficacy that can influence on reproductive behaviour. Here we can consider, the son preference, pressure for big families and male dominance in different cultures.

Methodology

This exploratory study includes in-depth-interviews, focus groups discussions in order to understand certain cultural settings, attempting to capture the picture of abortion and contraceptive behavior.

Data will be collected from September 2012 – November 2012. This will include a minimum 45 minute focus group discussions and interviews with the women that experienced abortion, in-depth interviews with relevant key-informants and men.

Conclusion

We plan to present descriptive findings of the beliefs and knowledge of the women about the abortions into several main domains. We will assess previous abortion experiences, perceptions of abortion, decision of having an abortion, what are the main reasons for having an abortion. Lastly, we will give main recommendations for further interventions that contribute to unwanted pregnancies.

We will use the findings from the in-depth interviews and focus groups to learn more about the range of cultural issues important to women when having an abortion to validate the domains that will be included on our study. We hope to learn more about the domains that should be covered in a future measure of abortion knowledge and perceptions.

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